

DOCTORAL PSYCHOLOGY INTERNSHIP TRAINING PROGRAM

DEPARTMENT OF VETERANS AFFAIRS
NEW YORK HARBOR HEALTHCARE SYSTEM
MARGARET COCHRAN CORBIN CAMPUS

PSYCHOLOGY DIVISION of the MENTAL HEALTH SERVICE

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FULLY ACCREDITED BY THE
AMERICAN PSYCHOLOGICAL ASSOCIATION (next site visit in 2027)
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<http://www.apa.org/ed/accreditation>

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***PLEASE NOTE THAT THE APPLICATION DEADLINE FOR OUR PROGRAM IS Tuesday, November 1, 2022
11:59PM EST***

PLEASE CLICK [HERE](#) TO SEE OUR PROGRAM'S ADMISSIONS, SUPPORT, AND OUTCOME DATA

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INTRODUCTION

The Department of Veterans Affairs New York Harbor Healthcare System, Margaret Cochran Corban Campus (Manhattan VA), offers a one-year, full-time doctoral Internship in Health Service Psychology to advanced students in APA-accredited doctoral psychology programs. The internship is based in the Psychology Division of the Mental Health Service and is affiliated with the New York University School of Medicine. The Manhattan VA has a long tradition of providing high-quality clinical training in psychology. We are proud of our internship program and of the reputation it has achieved throughout the national psychology community. Our past interns have distinguished themselves in a wide variety of employment settings including the Department of Veterans Affairs and other medical centers and health care facilities; community agencies, clinics, and private practices; colleges, universities, and research institutes; and business and industry settings across the country.

The Psychology staff maintains a strong commitment to the training of interns and makes every effort to provide as enriching an experience as possible within an atmosphere of mutual respect and professionalism. We endeavor to achieve a good balance between serving the clinical needs of the VA population and savoring the training process. This perspective is reflected in the quality and quantity of supervision that has characterized the program over the years. We place particular emphasis on exposing interns to the breadth and variety of professional roles assumed by psychologists, including concentrated training in areas such as neuropsychology, health psychology, posttraumatic stress disorder, and acute inpatient psychiatry. We also provide training in a range of treatment modalities, including psychodynamic psychotherapy, cognitive-behavioral therapy, couples therapy, supportive psychotherapy, group psychotherapy, and evidence-based treatment of psychological trauma. We are committed to helping interns develop their own professional identities in addition to expanding and refining their clinical competencies.

Our staff are a unique group of psychologists who seek to create a training atmosphere that embraces diversity. Amongst our staff are psychologists of different races, ethnicities, and religions, those who identify as LGBTQ+, those who speak other languages, those with a military background, and those who are the first in their families to have attended college or attained a graduate degree. Our program is attentive to systems of oppression and committed to social justice. We are also committed to providing multiculturally competent training for our interns and culturally sensitive assessments and interventions to our veterans. Our program offers plentiful opportunities to work with patients who represent a wide range of diversity. We are fortunate to be located in New York City, and our patient population includes veterans from various racial-ethnic backgrounds and different gender identities. Interns learn how factors such as race, ethnicity, culture, gender identity, sexual orientation, religious affiliation, and socioeconomic background interact with both psychological issues and also with the unique culture of the armed services. Training and supervision also focus on helping interns navigate cultural and individual differences in their work, including value conflicts or other tensions arising from the intersection of different areas of diversity (e.g., differences between patient and therapist in race, gender identity, religion, veteran status, socioeconomic status, or values/morality). We strongly encourage applications from individuals from a variety of ethnic, racial, cultural, and personal backgrounds.

Our internship is accredited by the American Psychological Association; our most recent site visit was conducted in March of 2017 (see page 1 of this brochure for information on how to contact the APA Office of Program Consultation and Accreditation). As a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC), we abide by their procedures and guidelines.

Christine Ingenito, Ph.D.
Internship Training Director

Christie Pfaff, Ph.D.
Section Chief, Psychology

FACILITIES & PATIENT POPULATION

The Manhattan VA is a modern, air-conditioned 18 story building overlooking the East River. It is located on East 23rd Street at First Avenue, adjacent to the New York University and Bellevue Medical Centers. The Manhattan VA is fully accredited by the Joint Commission and is a full service teaching hospital providing comprehensive coverage of all medical, surgical, and dental specialties. In addition to the internship in Psychology, the medical center maintains residencies in all medical specialties and subspecialties, almost all of which are fully integrated or affiliated with New York University-Bellevue. This integration allows for continual interaction between psychology interns and medical residents and fellows. Specialty areas include Dentistry, Infectious Disease, Medicine, Neurosurgery, Oncology/ Hematology, Ophthalmology, Otolaryngology, Palliative Care, Pathology, Pharmacy, Physical Medicine and Rehabilitation, Psychiatry, Pulmonary Disease, Radiology, Surgery, and Urology.

Inpatient and outpatient mental health services are available to veterans of all gender identities. We serve a demographically diverse population, ranging in age from young adults to geriatric patients, and representing a wide variety of racial, ethnic, and cultural backgrounds. In line with national VA directives, the Manhattan VA has promoted systemic changes in advancing inclusiveness and clinical competence with populations who have been historically stigmatized, subject to discrimination, and experienced health disparities, such as LGBTQ+ veterans and women veterans. Several of our psychologists are actively involved in the hospital's Women's Clinic, which provides comprehensive, specialized medical care and mental health services within the Primary Care setting. One of our psychologists also serves as the hospital's LGBTQ+ Veteran Care Coordinator, providing support and advocacy for LGBTQ+ patients and training and consultation to staff. The Mental Health Clinic also offers three long-term psychotherapy groups, co-led by psychology trainees, for LGBTQ+ veterans.

Our patient population presents with a broad range of clinical problems and psychopathology. Patients include veterans who have served during World War II, the Korean War, the Vietnam War, the Persian Gulf War, and most recently, those returning from Operation Iraqi Freedom (OIF), Operation New Dawn (OND; Iraq), and Operation Enduring Freedom (OEF; Afghanistan). We also provide care for veterans who have served during peacetime. The main treatment modalities utilized are individual and group psychotherapy. Frequently, interns request to work with a particular population for one or more of their outpatient individual psychotherapy cases (e.g., sexual orientation, gender identity, age group, conflict-era), or to work with particular diagnoses and treatment issues, and we try to accommodate such requests to the extent possible.

The Manhattan VA operates a medical library that is fully available to interns. The library contains a good selection of medical, psychological, and psychiatric books, journals, and audio visual materials. A computerized bibliographic database (including PsychInfo and Medline) and an extensive selection of full-text electronic journals are available free of charge. In addition, the library participates in a comprehensive interlibrary loan system, providing any book or photocopies of journal articles not available on site or online. Interns utilize these resources to complete a variety of research and literature review presentations over the course of the year.

PSYCHOLOGY DIVISION

Thirty psychologists form the internship training faculty of the Psychology section of the Mental Health Service. Psychology is actively involved with the hospital's inpatient Psychiatry units and with inpatient medical units including Medicine, Surgery, Neurology, Palliative Care, and Physical Medicine and Rehabilitation. Staff psychologists provide services to outpatients via the Mental Health Clinic, the Posttraumatic Stress Disorder Clinic, and the Substance Abuse Rehabilitation Program, and through various medical clinics including the Primary Care Clinic, Memory Disorders Clinic, the Geriatric Clinic, Infectious Disease, Pain Management, Renal Dialysis, Oncology/Hematology, and Urology. The Mental Health Service also includes a Telemental Health division, which provides psychological and psychiatric services to veterans in rural locations across the country via video conferencing. In addition to psychodiagnostic and psychotherapeutic skills, members of our staff possess specialized skills in geropsychology, health psychology, neuropsychological assessment, cognitive rehabilitation, suicide prevention, substance abuse, and group psychotherapy.

We offer internship and also practicum-level externship training to doctoral psychology students. Currently, we offer externships in our Psychotherapy Research and Development Program/Telepsychology. More information about our externship program is available at:

<https://www.va.gov/new-york-harbor-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

We also offer clinical psychology postdoctoral fellowship training in the following areas of emphasis:

1. Clinical Health Psychology and Interprofessional Training in Primary Care
2. Geropsychology, Clinical Health Psychology and Interprofessional Training in Geriatric Primary Care.
3. PTSD, Interprofessional Training, and OEF/OIF/OND Veterans

More information about our postdoctoral programs is available at:

<https://www.va.gov/new-york-harbor-health-care/work-with-us/internships-and-fellowships/psychology-internship-residency-programs/>

Please be aware that we are currently unable to offer supervised training positions to students in bachelor's or master's level programs, or to students outside of psychology. Our internship, externship, and postdoctoral programs for psychology doctoral students comprise 15+ positions per year (6 interns, 5-8 externs, 4-6 postdoctoral fellows). Given the level of intensive supervision devoted to these programs, we are not able to accommodate additional supervisees.

The Psychology Division is housed within the outpatient Mental Health Clinic. The Clinic provides a broad range of psychiatric, psychological, medical, and social work services to our veteran outpatients and includes Behavioral Health Interdisciplinary Programs, the Posttraumatic Stress Disorder Clinic, Psychosocial Clubhouse, and the Substance Abuse Rehabilitation Program, among other programs and services. This location affords psychology staff and interns the opportunity to collaborate freely with the full array of mental health professionals. Interns share offices (2 per office), with each intern having their own desk, locked file/storage space, and computer equipped with word processing and other software packages including internet access and email. All patient records are electronic and progress notes are entered online so that every clinician has easy access to the entire medical record, including remote data from other VA facilities nation-wide.

THE PSYCHOLOGY INTERNSHIP PROGRAM

Training Overview

Training general adult practitioners is the primary purpose of the Manhattan VA psychology internship program. Our internship training emphasizes the basic clinical principles and skills essential to the ethical and competent practice of health service psychology. Our intention is that upon the completion of their internship year, our graduates will have acquired professional level assessment and treatment skills and will be well-qualified, highly desirable candidates for staff appointments at a variety of clinical settings and postdoctoral training programs. Consistent with a generalist orientation that emphasizes the basic clinical principles and skills essential to the ethical and competent practice of health service psychology, we provide each intern with a broad range of training experiences in assessment, intervention, and consultation with a wide variety of patients in medical and mental health settings, including training in psychodynamic psychotherapy, cognitive-behavioral therapy, health psychology, treatment of acute, severe psychiatric illness, evidence-based treatment of Posttraumatic Stress Disorder, couples therapy and neuropsychological assessment.

In line with the practitioner-scholar model of training, our program places a strong emphasis on clinical practice that is informed by scientific inquiry, critical thinking, and active learning. We emphasize the integration of science and practice in all facets of our program, including clinical training assignments, supervision, and didactics. It is our philosophy and conviction that a successful training program is one in which both staff and interns learn from each other and grow together. Therefore, our program uses an apprenticeship method in teaching clinical skills and fostering interns' professional growth. Interns work alongside staff psychologists, frequently conducting assessments and treatment jointly at the beginning of a rotation or new assignment. At the same time, we make every effort to promote each intern's creativity, autonomy, and unique clinical style. Interns are considered junior colleagues and over the course of their training come to function with a great deal of independence. Interns carry their own cases and participate in interdisciplinary team meetings and peer review presentations along with their supervisors and independently.

Our supervisory and consulting staff utilize a variety of treatment orientations and approaches, including psychodynamic, psychoanalytic, behavioral, cognitive-behavioral, dialectical-behavioral, interpersonal, systems, supportive, and eclectic modalities. We feel that exposure to such a diversity of clinical approaches and styles will not only educate and enlighten our interns, but also inspire the development of their own unique professional identities and clinical styles.

Aims and Competencies

The aims of our internship program are as follows:

- To train interns in integrated assessment, diagnostic, and intervention strategies that prepare them for the general practice of health service psychology. In order to provide our interns with a broad clinical knowledge base, interns complete training assignments which expose them to a wide range of patients, psychopathology, theoretical orientations, and treatment settings.
- To train interns to be culturally-competent practitioners. Interns receive training and supervision on the impact of cultural factors on psychological functioning and use this knowledge to provide appropriate treatment for a diverse urban population.

- To train interns to value professionalism and dedicate themselves to the highest standards of patient care and ethical conduct. We seek to foster each intern's identity as a psychologist, so that they develop an understanding of professional responsibility, judgment, and ethics and apply this knowledge in all activities and professional roles

We consider these aims to be consistent with the treatment needs of our patient population, the mission of VA, and the requirements of graduate programs who entrust their students to us for an intensive year of clinical training. In line with the standards of the APA Commission on Accreditation, we provide broad-based training that allows interns to develop competence in the following areas: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision, and consultation and interprofessional/interdisciplinary skills.

Before entering our program, interns should have had practica in individual psychotherapy and have mastered the basic technical skills of administration and scoring of a test battery. Interns should also have had previous training in test interpretation and the preparation of clinical reports. Given this foundation, interns receive advanced training in performing in depth assessment interviews; constructing test batteries to respond to specific diagnostic issues and referral questions; evaluating and integrating clinical findings to provide appropriate treatment; and developing formulations and recommendations and communicating these in articulate written and/or oral reports.

RESPONSE TO COVID-19 AND IMPACT ON TRAINING (*updated August 2022*)

The health and safety of our trainees and staff, along with providing the highest quality care for our veterans, is always of paramount importance to us. We are committed to maintaining the high standards of our training program while also abiding by safety and public health guidelines from our hospital leadership and state and local governments. In the interest of maintaining transparency, we will continue to update this information and our training materials as the impact of the COVID-19 pandemic evolves.

In the spring of 2020, with the full support of facility and MH leadership, outpatient Psychology staff and trainees were able to successfully transition to full-time telework, maintaining almost all training activities without significant disruption. All trainees continued to treat veterans via telehealth for intake assessments, individual therapy, and group therapy, either by phone or video conference. Didactics and supervision also continued over virtual platforms. Certain rotations needed to be modified or were unavailable to interns in our 2019-2020 class due to the circumstances of the pandemic. For example, the inpatient unit's census and staffing were reduced in light of the pandemic, and the assigned interns were redeployed to our Mental Health and PTSD Clinics to provide telehealth services for veterans with severe mental illness in these settings. In some cases, the devastating impact of COVID-19 presented unique clinical opportunities for interns to provide support and intervention for COVID patients, their families, and front-line medical providers.

Our 2020-21 internship class was brought on board in July 2020 with full remote access, and they received intensive training to assist them in acclimating to the provision of mental health services via telehealth. Special attention was also paid to the importance of self-care, the unique opportunities and challenges associated with providing MH care during the pandemic, and efforts to enhance staff and intern cohesion. Starting in December 2020, our interns were eligible for COVID vaccination, as were all VA employees and patients. Over the course of the training year, our interns were on site at the hospital part-time to deliver particular clinical services, including the interns assigned to the acute inpatient psychiatry rotation. In July 2021, the psychology section, including the 2021-22 internship class, moved to a hybrid model which consists of both telework and a minimum of 3 days a week on site at the hospital (or more, depending on individual clinical responsibilities), providing both virtual and in person appointments. We plan to continue working in this hybrid model for the foreseeable future.

Going forward, the program will also utilize the lessons learned during the pandemic to guide us in navigating future challenges. While we cannot anticipate what other crises or emergencies we might face, we are committed to preserving the integrity of our training while also serving the needs of our veteran community to the fullest extent possible. As we have learned during this public health crisis, we must be flexible, creative, and supportive in our training endeavors. We are fortunate to have options such as teleworking and providing virtual care which can be utilized in such circumstances. Similarly, the program's setting in the larger VA New York Harbor Healthcare System, which includes two medical centers, an extended care facility, and community-based clinics, as well as our academic affiliation with New York University School of Medicine, provides us with a wide array of educational and clinical resources.

Consistent with national policy for VHA employees, all trainees onboarded/hired on or after November 22, 2021, must be fully vaccinated for COVID-19 before beginning employment and/or training rotations with VA. Further, consistent with VA policy for health professions trainees, applicants for VA training programs need to meet particular health requirements as outlined by the CDC and listed on the Training Qualifications and Credentials Verification Letter (TQCVL); unvaccinated persons do not meet the eligibility requirement to be listed on a TQCVL. For additional information on eligibility requirements, please see the VA Office of Academic Affiliations (OAA) website:

[Am I Eligible? Checklist for VA HPTs](#)

DESCRIPTION OF TRAINING PROGRAM

The internship training program consists of several required components, which are described in greater detail in the following pages. Approximately half of the intern's clinical time is spent on the major rotation; the remaining time is comprised of ongoing, year-long training assignments in outpatient psychotherapy and 6 month assignments in assessment and couples therapy. Interns' clinical work is enhanced by a diverse program of supervision and didactics. Finally, depending on interest and available time, interns may engage in elective activities, although this is by no means required or expected.

Required Clinical Training Assignments (see overview on the following page)

Major Rotations

All interns complete 3 major rotations (for 4 months each) in:

- Acute Inpatient Psychiatry
- Health Psychology/Primary Care Mental Health Integration (PCMHI)
- Posttraumatic Stress Disorder Clinic

Outpatient Psychotherapy

These are year-long training assignments. All interns carry outpatients in each of the following treatment modalities: psychodynamic psychotherapy, evidence-based couples therapy, cognitive-behavioral therapy, and evidence-based treatment of Posttraumatic Stress Disorder. Interns also co-lead one long-term psychotherapy group with a staff member for the year.

Assessment

Interns complete 1 six-month rotation in neuropsychological assessment. Referrals cover a wide range of disorders and emphasize differential diagnosis, assessment of functioning, and disposition planning.

Supervision and Didactics

The various clinical training assignments are enhanced by a diverse program of supervision, seminars, and peer review presentations within the Psychology Division, throughout the VA Medical Center, as well as at neighboring institutions such as Bellevue and NYU Medical Center. Interns also attend a weekly process group that provides a forum for concerns and issues related to the internship and to help further facilitate their professional development.

Electives

Interns may enrich their training experience to meet individual interests and needs. Elective activities include a variety of groups, additional psychotherapy, consultation-liaison psychiatry, DEI initiatives, research, Home-Based Primary Care, and Psychiatric Emergency Room.

OVERVIEW OF REQUIRED CLINICAL TRAINING ASSIGNMENTS

MAJOR ROTATIONS

Acute Inpatient Psychiatry

- Admissions on an as needed basis (generally 1-2 per week)
- Caseload of 2 individual patients seen daily for therapy
- Family meetings, as indicated
- DBT Skills group
- Community Meetings
- Daily rounds and thrice weekly team meetings

Health Psychology/Primary Care Mental Health Integration (PCMHI)

- 1-2 Primary Care evaluation per week
- 1 specialized evaluation (transplant, bariatric, or eating disorder) over the course of the rotation
- 1 Palliative Care individual therapy case
- 2 short-term Health Psychology psychotherapy cases (e.g., Motivational Interviewing, Problem Solving Therapy, Behavioral Activation, CBT-E, CBT for anxiety or depression, Supportive Therapy)
- Relaxation Group and Diabetes Shared Medical Appointment
- Co-teaching on psychosocial topics for internal medical residents (3x during the rotation)
- Home-Based Primary Care home visit (1 per rotation)
- Palliative Care Team meetings

PTSD Clinic

- 2 PTSD Clinic intakes per week
- 2 short-term individual therapy cases (e.g., co-morbid PTSD and substance use disorders, CBT for Insomnia, coping skills, nightmare rescripting, Military Sexual Trauma)
- PTSD/SUDS Group or OEF/OIF/OND Support Group
- PTSD Clinic team meetings

OUTPATIENT PSYCHOTHERAPY

- Psychodynamic Psychotherapy: 2-3 cases (combination of year-long therapy and short-term Dynamic Interpersonal Therapy, DIT)
- CBT: 2 consecutive cases (6 months each)
- PTSD: 1-2 consecutive cases; interns choose 1 primary modality, either Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE). If time allows, interns may elect to see an additional case in a different treatment modality.
- Group Psychotherapy: co-lead 1 year-long group
- Couples Therapy: 1-2 simultaneous cases using an evidenced-based treatment (Emotion Focused Therapy for Couples), 6 month rotation

ASSESSMENT

- Neuropsychology (Department of Psychiatry) – comprehensive outpatient neuropsychological assessments (3-5 cases over the 6 month rotation); weekly neuropsychology rounds/group supervision

- Memory Disorders Clinic (Department of Neurology) – brief outpatient neuropsychological assessments (3-5 cases over the 6 month rotation); weekly supervision; interdisciplinary grand rounds with psychiatry, neurology, geriatric primary care, and social work

MAJOR ROTATIONS:

Acute Inpatient Psychiatry

Drs. Ihm & Holtzman

The Medical Center houses two locked, co-ed inpatient psychiatric units for patients require acute intervention and stabilization. Interns are assigned to the acute inpatient training unit (17N), where they work alongside other trainees including social work interns, nursing students, and NYU School of Medicine psychiatry residents and medical students. Patients cover a broad age range and represent all of the major diagnostic categories, especially schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, posttraumatic stress disorder, substance abuse, and severe personality disorders. An increasing number of veterans who served in Iraq and Afghanistan, as well as active duty personnel are admitted to the inpatient service with difficulties ranging from severe PTSD and depression to first-break psychotic disorders. Patients present with acute psychopathology and severe psychosocial difficulties.

Interns function as primary therapists on the training unit, and carry two individual patients at a time. As a primary therapist, the intern shares responsibility for all facets of patient management with a multidisciplinary treatment team. Because stays tend to be brief (1-3 weeks), patients are seen daily for supportive psychotherapy and treatment planning. Other clinical activities include an initial interview and written admission summary, family consultation, behavioral monitoring, crisis management, charting, tracking progress and medication response, team coordination, and discharge planning. Interns work closely with the attending psychiatrists who provide medical back-up for their cases. Following discharge from the unit, interns may see their patients for a one-time follow-up appointment to improve continuity of care and assist patients in their transition to the outpatient setting.

Other clinical responsibilities on the unit include leading community meetings (weekly meetings of all staff and patients) and providing group therapy. For half of the rotation, interns co-lead a DBT Skills Group with a staff member. While on the rotation, interns also attend daily rounds, weekly interdisciplinary team meetings, and case conferences. Interns may also attend Psychiatry Grand Rounds at NYU/Bellevue.

MAJOR ROTATIONS:

Posttraumatic Stress Disorder Clinic

Drs. Brinn, Gettings, Kramer, Murani, & Patel

The PTSD Clinic consists of a multidisciplinary team (psychologists, psychiatrist, social worker, nurse practitioner) dedicated to the assessment and treatment of PTSD. Veterans with combat trauma (WWII, Korea, Vietnam, Persian Gulf, Iraq, and Afghanistan) as well as those with a history of military sexual trauma are seen in the clinic. Currently serving 800+ veterans, the clinic provides specialized, comprehensive treatment to veterans suffering from PTSD, including pharmacotherapy, individual psychotherapy, and group psychotherapy. Treatment is offered in multiple modalities. Individual therapy modalities include supportive, psychodynamic, CBT, Prolonged Exposure (PE), Skills Training in Affect and Interpersonal Regulation (STAIR), Virtual Reality Exposure (VRE), Cognitive Processing Therapy (CPT), and motivational interviewing. A variety of groups are also available (e.g., supportive, problem-focused, psychoeducational, skills training, exposure-based). In keeping with a model of psychosocial rehabilitation and recovery, our emphasis is on normalizing readjustment difficulties and enhancing health in order to assure that veterans reach their highest level of functioning and to prevent chronic difficulties as best as possible. The program concentrates on three main areas: 1) assessment and evaluation, 2) providing clinical services, and 3) tracking patients through the system and coordinating care.

Interns conduct two intake evaluations per week, co-lead one PTSD group, and attend weekly PTSD team meetings. A number of different psychotherapy groups are offered within the PTSD Clinic, including OEF/OIF/OND Support Group, PTSD-SUDS Group, and EBP Graduate Group. Interns also have the opportunity to provide short-term individual follow-up and psychotherapy for patients in the clinic. Treatment issues include PTSD-SUDS (co-morbid PTSD and substance use disorders), development of coping skills prior to beginning trauma work, CBT for insomnia, nightmare rescripting, and Military Sexual Trauma. Interns are required to make at least one literature review/research presentation over the course of the rotation.

MAJOR ROTATIONS:

Health Psychology/Primary Care Mental Health Integration

Drs. Buckley, Dognin, Kaur, Kehn, Spivack, & Zeigler

This rotation is an immersion into the practice of health psychology. A cornerstone of the rotation is participation as a treatment team member within the Medical Center's outpatient PACT/Primary Care Clinic. Other required activities involve providing individual and group therapies and traditional health psychology interventions (e.g., modifying unhealthy behaviors, treating symptoms of medical disorders that are amenable to behavioral interventions, and improving adherence to medical regimens).

Primary Care: The Patient Aligned Care Team (PACT)/Primary Care Mental Health Integration (PCMHI) model seeks to provide comprehensive health care through an integrated team approach. Patients receive multidisciplinary consultation and services from a treatment team including providers from Medicine, Nursing, Social Work, Psychology, Psychiatry, and Pharmacy. Interns serve as members of the PACT treatment team providing consultative services to patients and other clinicians. Interns conduct brief evaluations/functional assessments for patients referred by their Primary Care provider. Interns also provide psychotherapeutic and/or psychoeducational interventions, and refer patients for additional services as needed. Interns evaluate patients with a wide range of psychiatric, substance use, and medical conditions; these may include specialty evaluations such as bariatric, eating disorder and pre-transplant evaluations and evaluations for transgender and gender diverse veterans requesting gender affirming hormone therapy and/or surgery.

Interns carry two short-term Primary Care treatment cases focused on adjustment issues, symptom management, treatment adherence, eating disorders, or substance abuse.

Groups: Interns lead and co-lead several psychoeducational groups over the course of the rotation, including Relaxation Training/Mindfulness, and Diabetes Shared Medical Appointment.

Palliative Care: Interns follow one inpatient on the Palliative Care service at a time. Palliative Care works with terminally ill patients to provide comfort and assist with medical decision-making at end of life. Interns are full members of the interdisciplinary team (psychologist, nurse practitioner, physician, social workers, and chaplain). Interns are involved in diagnosis, intervention, and assessment of patients' insight into their illness and prognosis as well as their thoughts and feelings about dying. Interns act as consultants to the medical team, facilitating understanding of patients' psychological adjustment.

Home-Based Primary Care Home Visit: HBPC is a multidisciplinary team providing primary care to homebound veterans in the community. The team consists of a Nurse Practitioner/Registered Nurse, Occupational Therapist/Physical Therapist, Social Worker, Dietician, and Psychologist. The Psychologist receives consults from other team members for mental health assessment, cognitive evaluation, or capacity assessment. Interns will make 1 home visit with HBPC psychologist during which they will participate in an initial mental health evaluation and assist in developing a treatment plan.

Administrative and Team Meetings: Interns attend a number of meetings along with their supervisors in order to familiarize themselves with the various administrative and clinical roles of health psychologists. Interns participate in a weekly Palliative Care interdisciplinary team meeting. At the beginning of the rotation, they attend the monthly Primary Care interdisciplinary staff meeting, which covers a wide range of clinical and administrative issues.

OUTPATIENT PSYCHOTHERAPY:

Over the course of the year, interns work with outpatients in a number of different treatment modalities. Typically, interns carry at least four psychotherapy cases at one time for short-term and long-term individual therapy who are referred from services throughout the Medical Center. They will also carry two couples cases during the 6 month rotation in evidence-based couples therapy and co-lead one outpatient group for the entire year.

Group Psychotherapy

Drs. Ashkenazi, Ingenito, Katz, Miller, Shreck & Spivack

A rich variety of group therapy training experiences are available, including supportive, psychoeducational, and interpersonal approaches. Interns receive a half-hour of individual supervision per week. Some recent examples of groups are:

- DBT Skills Group
- Medics Group
- Alzheimer's Caregivers Support Group
- Gay Mens Support Group
- Life Stages Group
- LGBTQ+ Support Group

Evidence-Based Therapies for Posttraumatic Stress Disorder

Drs. Patel, Kramer, Murani & Gettings

In addition to the four month major rotation in the PTSD Clinic, interns see PTSD patients for intensive, longer-term, individual treatment. Interns see 1-2 cases over the course of the. Interns receive training in all of the modalities listed below and elect to focus on one of them for the year. For each modality, interns attend a weekly group supervision and present video recordings of their sessions.

- Prolonged Exposure (PE), Drs. Kramer & Murani: this exposure-based treatment involves having patients repeatedly re-experience their traumatic event, and includes both imaginal exposure and in vivo exposure to safe situations that have been avoided because they elicit traumatic reminders.
- Cognitive Processing Therapy (CPT), Drs. Gettings & Patel: CPT incorporates cognitive techniques to help patients challenge and modify maladaptive beliefs related to their trauma. CPT focuses on decreasing the avoidance of traumatic memories so that beliefs and meanings can be further evaluated and understood within the original context. *For the 2021-22 & 2022-23 training years, we have been able to offer a national certification in CPT, where interns had the option to receive intensive CPT training at the beginning of the year and then participate in weekly consultation calls (in addition to their weekly supervision) for at least 6 months. Interns are required to complete 2 CPT protocols in order to be eligible for CPT certification once they are licensed. It is our hope that we will be able to continue to offer this option to the 2023-24 training class.*

Psychodynamic Psychotherapy

Drs. Cairo, Chen, Clayton, Dognin, Kehn, Pfaff, & Todd

Interns are assigned cases for year-long, traditional psychodynamic psychotherapy and shorter-term Dynamic

Interpersonal Therapy (DIT), an evidence-based dynamic treatment protocol for patients with depression and/or anxiety and interpersonal difficulties. Interns carry 2-3 patients over the course of the year and have the opportunity to treat a range of psychopathology, including depression, adjustment disorders, anxiety disorders, and personality disorders. Interns receive a half-hour of individual supervision per week and video recording of sessions are utilized in supervision.

Cognitive-Behavioral Therapy

Drs. Brinn, DeAlmeida, & Parter

Interns will typically see two patients consecutively over the course of the year (6 months each). Patients present with a wide range of concerns and diagnoses, and treatment focuses on targeting identified symptoms and setting specific goals. Interventions include various methods of behavioral modification and cognitive restructuring. Interns may also have the opportunity to utilize other related, empirically validated treatment protocols, such as Dialectical Behavior Therapy (DBT). Interns attend a weekly 60-90 minute group supervision where they present their work (including video recordings of sessions) and participate in clinical discussion of other cases. Over the course of the year, interns are encouraged to demonstrate increased independence and develop more of a peer supervision approach. Individual supervision is also provided on an as-needed basis.

Evidence-Based Couples Therapy

Dr. Ashkenazi & Parter

Interns will receive training in Emotion-Focused Therapy for Couples and see 1-2 couples over the course of the 6 month rotation. Referrals may come from within the medical center or through the facility's Telemental Health Hub; which services other VAs in upstate NY. As a result, visits may be conducted in-person or via telehealth. Interns will receive 45 mins of individual supervision each week where they will present their work (including video recordings of session). Additionally, they will attend regular didactics and peer supervision meetings throughout the rotation to enhance their learning.

ASSESSMENT:

Neuropsychological Testing

Drs. Colvin & Tam

Interns on the six-month neuropsychology track work primarily in a department-wide consultation service with adult veterans undergoing outpatient evaluations for a wide range of neurologic and psychiatric disorders, including Alzheimer's disease, dementia with Lewy bodies, Parkinson's disease, vascular dementia, traumatic brain injury (TBI), and other causes of impaired thinking and memory. Patients are often referred from services throughout the Medical Center, including Primary Care, Neurology, and Psychiatry. Interns gain experience conducting comprehensive outpatient neuropsychological evaluations using a hypothesis driven approach and providing feedback and psychoeducation to veterans and their families. They will also have the opportunity to administer brief cognitive examinations through the Memory Disorders Clinic (MDC). On MDC, the intern functions as part of an interdisciplinary team that includes a geriatrician, psychiatrist, neurologist, neuropsychologist, and social worker. The trainee is responsible for participating in the clinical interview, test administration, and scoring/interpretation of exam data. Interns will also have the option to attend weekly case conferences offered through NYU Langone as well as lectures covering a range of neuropsychology topics, such as functional neuroanatomy, dementias, and psychiatric disorders.

Interns will complete a six-month rotation and respond to neuropsychology consults.

SUPERVISION, DIDACTICS & ADDITIONAL RESOURCES:

Supervision

At the Manhattan VA, supervision is seen as a powerful vehicle for promoting professional and personal growth. In keeping with our program's practitioner-scholar model, supervision is collaborative and focuses on case conceptualization, active learning, inquiry, and reflection. Interns work closely with their supervisors, gaining independence as each training experience progresses. Psychology staff utilize a wide range of therapeutic approaches and interns have the opportunity for supervision in a variety of modalities (e.g., psychodynamic, psychoanalytic, interpersonal, cognitive-behavioral, dialectical-behavioral, behavioral, supportive, systems, and eclectic).

Interns receive intensive supervision, mostly on an individual basis, for each rotation and training experience (generally 5-6 hours per week total). Interns receive daily informal supervision on their major rotations, along with at least one hour weekly formal supervision for the rotation. Both individual and group supervision is provided for outpatient psychotherapy cases, as described in previous sections. All psychology staff maintain an open door policy and interns are free to request additional supervision/ consultation at any time. Our program does not typically utilize telesupervision or other distance education technologies for training and supervision. However, adjustments have been made in recent years due to the circumstances surrounding COVID-19 and transition to teleworking, in accordance with guidance from APA and VA's Office of Academic Affiliation.

As an essential part of their training, interns have many opportunities to present their work and to practice skills in order to receive feedback and direct instruction. Toward this end, interns participate in live diagnostic and mental status interviewing along with their supervisor on each rotation. Video recordings and/or live observation are utilized on every rotation and training assignment so that interns' work can be directly observed. Interns also present cases in the monthly Psychology case conference and in interdisciplinary team meetings on each of the major rotations. Finally, interns are encouraged to present their research or other areas of expertise.

Didactic Seminars

Our seminar program is an integral part of internship training. There are two regularly scheduled seminars each week. Seminars consist of lectures, case presentations, and patient interviews, and are taught by Psychology staff and consultants from within the Medical Center and from other settings. Seminars provide a rich and varied sampling from different facets of the field.

The seminar series emphasizes training in assessment, treatment methods, cultural diversity, ethics, and supervision. Regular topics include military history, mental status examinations, DSM-5 diagnoses, ethical issues, group psychotherapy, health psychology, PTSD, substance use disorders, neuropsychology, cultural formulations and diversity issues, psychodynamic theories and interventions, supervision, psychopharmacology, and professional development. In addition, other special topics are presented over the course of the year. Recent seminar subjects have included race-based trauma, narrative exposure therapy, forensic psychology, working with transgender/GNC veterans, suicide assessment and prevention, disaster relief mental health, military sexual trauma, motivational interviewing, sleep disorders, health disparities, and program evaluation.

In addition to our own seminar program there are a multitude of additional seminar and grand rounds offerings available within the Medical Center and at NYU/Bellevue. Interns are encouraged to attend these seminars as their schedules permit.

Process Group

This weekly required group is facilitated by an outside consulting psychologist who is not involved in the supervision or evaluation of interns. The group provides a forum for interns to discuss issues related to the internship and to their development as psychologists and to receive feedback. The group allows interns to raise questions and concerns in a safe environment and represents a unique opportunity for personal and professional development.

Mentorship Program

The Manhattan VA is pleased to offer a mentorship program to further support and facilitate the professional development of trainees during their internship year. Each intern will be assigned a staff psychologist who will serve as their mentor for the year. In an effort to create an atmosphere of safety and trust in the relationship, the mentor assigned does serve in an evaluative role for the intern mentee at any point throughout the year. The mentoring relationship is inherently flexible and can vary tremendously in its form and function.

Diversity Committee

Each year we ask the internship and fellowship classes to select 2 representatives each to participate in the Psychology Section's Diversity Committee. Each representative participates in the Committee's meetings for a period of 6 months. This Committee consists of both trainees and staff psychologists, and its aims are to specifically address how we can improve our training climate with regard to diversity and create an atmosphere that promotes inclusion and recognition of the paramount importance of cultural and diversity factors in our work. The Committee has brought about major improvements in our trainee evaluation and selection policies, staff recruitment, didactics, and training. The Diversity Committee also provides feedback to the Training Committee and Chief of Psychology on the experience of diverse staff and trainees, how to best integrate discussions of diversity into training and supervision, and how to improve the atmosphere for staff and trainees from diverse backgrounds.

Diversity, Equity, & Inclusion Liaison

This is a resource for trainees who would like to discuss with a non-evaluative staff member any diversity concerns that may arise within a clinical, supervisory, interdisciplinary, or peer setting. Concerns could be related to race, gender identity, sexual orientation, religion, disability, or any other aspect of a trainee's cultural identity. The DEI Liaison can assist the trainee in navigating dynamics related to power and privilege, systemic oppression, and cultural differences. The Liaison acts in a consultative role, to assist the trainee in thinking through options, including the option to not take action.

Monthly Gathering for Staff and Trainees of Color

This meeting is an optional gathering for both staff and trainees (externs, interns, fellows) of color that provides an informal setting to share experiences related to one's cultural and racial identity and how these may impact training experiences, clinical work, professional development, and interpersonal relationships.

ELECTIVES:

Our internship program enjoys the advantage of being situated within a full service medical center. This allows us to offer a wide range of clinical experiences to further enhance an intern's training program. While time does not permit the pursuit of all available activities, interns may choose from a number of additional training opportunities. *It is important to note that interns are not obligated to do an elective in addition to their other required training activities, described previously in this brochure.* It should also be noted that elective choices will inevitably vary each year. Particular programs may not be available in a given year while new opportunities are always being created.

Clinical Electives

On each of the major rotations, there is the possibility of expanding the interns' clinical activities in particular areas of interest. Similarly, interns may elect to increase their outpatient caseload in a specific treatment modality. Interns may also elect to conduct additional therapy groups. Recent examples of groups offered by psychology staff and interns include Pain Management, Insomnia Treatment Group, and Creative Arts Group. Interns are also encouraged to consider creating an elective tailored to their interests. There are numerous opportunities in clinical areas staffed by psychologists and our program consultants, such as Home-based Primary Care, Consultation-Liaison Psychiatry, and Psychiatric Emergency Room. All efforts will be made to accommodate individual training needs when possible.

Research Electives

The internship program supports trainees' interest in planning, implementing, and analyzing mental health-related research. VA offers numerous opportunities and career paths for psychologists involved in research, and cultivation of these interests can begin on internship. Interns may participate in ongoing research or initiate their own investigations at the medical center. Collaboration and research mentoring are also possible through the program's academic affiliation with NYU School of Medicine. The medical center library and various online resources are available with a full range of research support services. Examples of research conducted by Psychology and Psychiatry staff include neuropsychology, ADHD, PTSD, DBT, psychotherapy development and efficacy, substance abuse, severe mental illness, chronic pain, TBI, and interventions for caregivers of dementia patients.

EVALUATION OF INTERNS AND SUPERVISORS

Evaluative feedback about the internship program is extremely important to us. The Training Director meets with the interns as a group once a month for an informal, open-ended discussion about training issues and professional development. Individual meetings between interns and the Training Director are held monthly and are meant to serve as a forum for interns to discuss their individual experience on internship, professional development and career goals, and provide feedback as needed

All interns are formally evaluated using the same procedures. Evaluations are given for each major rotation, for outpatient therapy cases (group, individual, and couples), and for neuropsychological assessment. Evaluations are accomplished by means of structured forms and scheduled verbal feedback based upon expected performance standards and competencies appropriate to the level of doctoral internship training. All evaluations are based in part on direct observation of the intern's clinical work (including live observation, co-facilitation, or video recording). Interns are evaluated on the following profession-wide competencies on all rotations and training assignments: research; ethical and legal standards; individual and cultural diversity; professional values, attitudes, and behaviors; communication and interpersonal skills; assessment, intervention; supervision; and consultation and interprofessional/ interdisciplinary skills. Sample evaluation forms are shown in Appendix B.

Bi-directional feedback between interns and supervisors is an important part of the ongoing supervisory process. Evaluations are conducted throughout the training year, as follows:

- **Major Rotations (3 four-month assignments):** a brief, verbal feedback session is held between the intern and the supervisor at the midpoint of each rotation in order to identify areas for mutual improvement and growth. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a formal evaluation of the supervisor at the end of the rotation.
- **Neuropsychological Assessment (six-month assignment):** a brief verbal feedback session is held between intern and supervisor at the midpoint of each rotation in order to discuss progress, strengths, and areas for improvement. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a formal evaluation of the supervisor at the end of the rotation.
- **Evidence-Based Couples Therapy (six-month assignment):** a brief verbal feedback session is held between intern and supervisor at the midpoint of each rotation in order to discuss progress, strengths, and areas for improvement. Supervisors formally evaluate interns via structured forms at the end of each rotation. Interns likewise complete a formal evaluation of the supervisor at the end of the rotation.
- **CBT, Evidence-Based Therapies for PTSD, & Psychodynamic Psychotherapy (year-long assignments):** supervisors evaluate interns (and vice versa) using evaluation forms at six months and at year's end.

Individual meetings between the intern and supervisor are an integral part of the evaluation process and are always held in conjunction with the completion of evaluation forms. The evaluation forms are signed by the intern and the supervisor and are reviewed by the Director of Training. Copies of evaluations are sent to the Director of Clinical Training at the intern's university and discussed when questions arise. All evaluations become a part of the intern's permanent file with the Psychology Division. These records are maintained by the Director of Training in a secure online platform; hard copies are kept in locked filing cabinets in her office.

Evaluations of supervisors completed by the intern are signed by the intern and the Director of Training, who

then gives general feedback to supervisors based on the collective comments of all interns. Supervisors do not have access to interns' evaluations of supervision. The Director of Training gives de-identified, aggregated feedback to supervisors only after trainees have left the program. At the end of the year, each intern is also asked to complete an overall evaluation of the program and to make suggestions for future improvements. This program evaluation is discussed with the Director of Training as part of the intern's exit interview.

Expected levels of performance:

Our policies and procedures regarding due process, intern grievances, and impaired intern performance are detailed in Appendix C.

Expected levels of Competence:

Expected levels of competence on all formal evaluations are as follows -

- 1st rotation: minimum score of 2 on all competencies
- Evaluations completed at mid-year (CBT, Evidenced-based PTSD Treatment, Psychodynamic Psychotherapy, Year-long Group): minimum score of 3 on all competencies
- 2nd rotation: minimum score of 3 on all competencies
- Evaluations completed at end of year (3rd rotation, final evaluations for CBT, Evidenced-based PTSD Treatment, Psychodynamic Psychotherapy, Year-long Group): minimum score of 4 on all competencies
- 6-month assignments (evidence-based couples therapy, neuropsychological assessment): minimum score of 3 on all competencies

Criteria for Graduation from the Program:

- Minimum score of 4 on all profession-wide competencies at the end of the year.
- Completion of all clinical, documentation, didactic, and administrative requirements

INTERNSHIP ADMISSIONS, SUPPORT, & OUTCOME DATA

Date Program Tables are updated: July 2022

Internship appointments are for 2080 hours, which is full-time for a one year period from approximately July 1 to June 30. These dates may vary slightly depending on HR procedures. The tentative start date for the 2023-24 training year is Monday, July 3, 2023.

The VA New York Harbor Health Care System is an Equal Opportunity Employer and follows all federal guidelines regarding nondiscriminatory hiring practices. We strongly encourage minority and physically challenged candidates to apply. We strictly abide by the APPIC Uniform Notification Procedures. No person from our program will solicit, accept, or use any ranking-related information from any intern applicant. The APPIC guidelines can be accessed on the APPIC web site:

<http://www.appic.org>

Program Disclosures

As articulated in Standard I.B.2, programs may have “admission and employment policies that directly relate to affiliation or purpose” that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution’s affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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As per APA Commission on Accreditation regulations, we provide the following information about admissions, support, and outcome data for the program.

Internship Program Admissions

Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on intern selection and practicum and academic preparation requirements:

The Manhattan VA sponsors six internship positions each year. We review each internship application carefully to try to determine whether the applicant would be a good fit for our site. We rate applications based on several criteria: amount and quality of previous clinical experiences, academic performance (including scholarly and research achievements), general writing ability, ability to formulate clinical material, strength of recommendation letters, cultural competence, and level of interest in our program. Based on these ratings, we invite a select group of applicants for virtual or in-person interviews at our site in December. During the interview process, we try to get a sense of each applicant's personality, interests, clinical style, and response to supervision. Again, our goal is to determine who we feel will be the best match for what our program has to offer. For details regarding the application process and required materials, see instructions in the next section.

We expect applicants to have had previous practicum training in psychotherapy and assessment, including basic proficiency in the administration and interpretation of a variety of assessment tools.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	N	Y	Amount:	N/A
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Total Direct Contact Assessment Hours	N	Y	Amount:	N/A
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Describe any other required minimum criteria used to screen applicants:

Applicants must meet the following criteria to be considered for our program:

- Doctoral student in good standing at an APA-accredited, CPA-accredited, or PCSAS-accredited Clinical or Counseling doctoral psychology program
- Approved for internship by doctoral program Director of Clinical Training
- Completion of all coursework
- U.S. Citizenship
- U.S. Social Security Number
- Selective Service Registration
- Fingerprint Screening and Background Investigation
- Drug Testing

- Affiliation Agreement
- TQCVL (Trainee Qualifications and Credentials Verification Letter)
- Additional On-boarding Forms
- Proof of Identity per VA

Please see [Resources for Health Professions Trainees Coming to VA | Eligibility and Forms - Office of Academic Affiliations](#) for a more detailed description of these requirements.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns	\$ 30,387	
Annual Stipend/Salary for Half-time Interns	N/A	
Program provides access to medical insurance for intern?	Yes	No
If access to medical insurance is provided:		
Trainee contribution to cost required?	Yes	No
Coverage of family member(s) available?	Yes	No
Coverage of legally married partner available?	Yes	No
Coverage of domestic partner available?	Yes	No
Hours of Annual Paid Personal Time Off (PTO and/or Vacation)	96 hours (12 days)	
Hours of Annual Paid Sick Leave	96 hours (12 days)	
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	Yes	No
Other benefits (please describe):		
<p>Leave time: 11 Federal holidays. Requests for educational leave (up to 5 days) are granted for participation in conferences, trainings, post-doctoral or job interviews, or for dissertation related meetings. The intern's training may be extended due to unexpected illness, parental leave, etc. to successfully complete the program. Issues related to extended leave are determined on a case-by-case basis; typically, interns must use all accrued sick and vacation time and then go on Leave Without Pay status until they are able to return to the program.</p> <p>Benefits: Interns are eligible for medical coverage under the Federal Employee Healthcare Benefits insurance program. On-site emergency health care is available. Interns are also eligible for transit benefits. As temporary employees, interns may not participate in VA retirement programs. However, if interns are later employed by VA or another federal agency, they receive service credit for the internship year.</p> <p>Liability insurance: When providing professional services at a VA healthcare facility, VA sponsored trainees acting within the scope of their educational programs are protected from personal liability under the Federal Employees Liability Reform and Tort Compensation Act 28, U.S.C.2679 (b)-(d).</p>		

Initial Post-Internship Positions

(aggregate data for 2018-2021 classes)

	2018-21	
Total # of interns who were in the 3 cohorts	18	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	1	
	PD	EP
Academic teaching		
Community Mental Health Center	1	
Consortium		
University counseling center	2	
Hospital/Medical Center		
Veterans Affairs Health Care System	10	
Psychiatric Facility		
Correctional Facility		
Health Maintenance Organization		
School district/system		
Independent practice setting	3	1
Other		

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

APPLICATION PROCEDURE

To apply for our internship program, please follow the steps detailed below. If you have any questions, you may contact Dr. Ingenito/Dr. Kehn (email is preferred):

Michelle Kehn, Ph.D.
Acting Psychology Internship Training Director (through 10/31/22)
Email: Michelle.Kehn@va.gov
Phone (212) 686-7500 Ext. 3743, Fax (212) 951-3336
VA NY Harbor Healthcare System
423 East 23rd Street (136A OPC, 2nd Floor)
New York, NY 10010

Christine Ingenito, Ph.D.
Psychology Internship Training Director
Email: Christine.Ingenito@va.gov
Phone (212) 686-7500 Ext. 3179, Fax (212) 951-3336
VA NY Harbor Healthcare System
423 East 23rd Street (136A OPC, 2nd Floor)
New York, NY 10010

Our APPIC Matching Program Code Number is 148011.

1. Please go to www.appic.org to access the online AAPI application. Please be sure to submit the following materials through the online application portal:
 - Completed AAPI application, including cover letter, CV, certification from your program's Director of Clinical Training, official transcripts from each graduate psychology program and 3 letters of recommendation (at least one from a practicum supervisor).

Please submit the following through the supplementary materials portal:

- **Treatment Summary:** in order to get a sense of your style as a therapist and the way that you think about clinical material, we ask that you write a brief synopsis of a psychotherapy case. **PLEASE ADDRESS WHY THIS CASE WAS PARTICULARLY MEANINGFUL TO YOU. PLEASE DO NOT EXCEED 500 WORDS.**
- **Assessment Report:** *please submit a psychological testing report that demonstrates your ability to integrate and synthesize data from multiple sources to generate diagnoses and recommendations.*

2. **APPLICATION DEADLINE: Tuesday, NOVEMBER 1, 2022, 11:59pm Eastern Standard Time.**

Please wait to hear from us regarding an interview. Interviews are held in December (tentative dates are 12/15, 12/16, and 12/20). Invitations for interviews are sent out by email. Interview days will include an orientation to the program, an opportunity to meet separately with current interns, and 2 interviews with 4 staff members total. Applicants will be asked to answer questions and provide a formulation and treatment plan for a clinical vignette. All applicants invited for an interview will have the option to do so virtually. In-person interviews and /or on-site hospital tours may also be available depending on hospital, state and local

public health guidance at that time. **No advantage** will be given to applicants who come for an in-person interview or tour.

3. We participate in the National Matching Program and abide by the Match Policies enumerated on the APPIC website (www.appic.org). The National Matching Service can also be accessed through the APPIC website, or directly at www.natmatch.com/psychint/

APPENDIX A

PSYCHOLOGY STAFF

Sagiv Ashkenazi, Psy.D., The Chicago School of Professional Psychology

Clinical Psychologist, Telemental Health Hub

Clinical Activities: Individual, couples, and group psychotherapy; Evidence-Based treatments and Assessment of PTSD and Substance Use Disorders.

Research Interests: Delivery of effective treatment to veterans with comorbid PTSD and SUD; Issues in couples psychotherapy

Alyssa Baer, PsyD, Massachusetts School of Professional Psychology

Clinical Psychologist, Telemental Health Hub

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual and group psychotherapy; CBT; ACT; neuropsychological assessments; health and geropsychology interventions

Research interests: Dementia, caregiving, and geropsychological issues; presymptomatic testing for Alzheimer's disease; satisfaction, feasibility, and reliability of mental health treatment and neuropsychological assessment via telehealth

Anthony J. Brinn, Psy.D., Yeshiva University

Clinical Psychologist; PTSD Clinic

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Assessment and treatment of veterans with PTSD and Substance Use Disorders; CBT; Acceptance and Commitment Therapy (ACT); Motivational Interviewing (MI); and Screening Brief Intervention and Referral to Treatment (SBIRT).

Research interests: Evaluating and disseminating effective treatments for comorbid PTSD and Substance Use Disorders; Qualitative Research Methodology; Integration of mental health treatments into primary care; Facilitators of treatment success/compliance in treatment-resistant populations.

Julia Buckley, Psy.D., Yeshiva University

Clinical Psychologist, Telemental Health Hub

Clinical Activities: Individual and group psychotherapy for anxiety disorders, depression and mood disorders, PTSD and trauma-related disorders, alcohol and substance use, and interventions for individuals with chronic and/or life-threatening medical illnesses. CBT and mindfulness-based approaches.

Research Interests: Effectiveness of telemental health; quality improvement

Elana Cairo, Ph.D., Yeshiva University

Clinical Psychologist; Telemental Health Hub

Clinical Activities: Individual, couples, and group psychotherapy; cognitive-behavioral therapy; cognitive processing therapy for PTSD; psychodynamic psychotherapy; interventions for individuals with chronic and medical illnesses.

Research Interests: Impact of psychological treatments on health-related quality of life in chronic illness; effectiveness of telemental health.

Carissa Chambers, Ph.D., Teachers College, Columbia University

Clinical Psychologist

Suicide Prevention 2.0 Telehealth Provider- Telemental Health Hub

Coordinator- Preventing and Managing Disruptive Behavior

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual and group psychotherapy, psychodynamic therapy, CBT for suicide prevention, Problem Solving Therapy for suicide prevention, and Advanced Safety Planning interventions

Research interests: Psychotherapy outcome and process research, best practices for risk assessment and management, multicultural dynamics between therapist and client, religion and spirituality, immigration/acculturation, adjustment and traumatic stress

Cory K. Chen, Ph.D., University of North Carolina, Chapel Hill

Clinical Psychologist/Director – Psychotherapy Research and Development Program

Clinical Co-Director – Telemental Health Hub

Associate Clinical Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual and family psychotherapy and intervention for caregivers of individuals with chronic health issues, particularly dementia; Interpersonal/Relational Dynamic Therapy; Dialectical Behavior Therapy.

Research interests: Psychotherapy outcome and process research particularly for treatment non-responders; predictors of non-response in CBT and psychodynamic interventions; intervention development for treatment resistant populations.

Karima Clayton, Ph.D., Teachers College, Columbia University

Clinical Psychologist, Acute Inpatient Psychiatry Unit & Outpatient Mental Health Clinic

Adjunct Faculty, NYU, Steinhardt School of Culture, Education, and Human Development

Clinical Activities: Acute Inpatient Psychiatry, individual and group psychotherapy; Dynamic Interpersonal Therapy; CBT

Research Interests – Dementia Caregivers; families and incarceration; racial identity; experiences of racism and discrimination

Leigh Colvin, Ph.D., Teachers College, Columbia University

Clinical Neuropsychologist

Clinical Activities: inpatient and outpatient neuropsychological assessment; psychodiagnostic testing; interdisciplinary care through the Memory Disorders Clinic

Research Interests: examining the neuropathological substrates associated with cognitive, metacognitive, and functional decline among individuals with memory and movement disorders

Chrystianne DeAlmeida, Ph.D., The New School for Social Research

Clinical Psychologist, Outpatient Mental Health Clinic

Clinical Instructor in the Department of Psychiatry at the NYU School of Medicine

Clinical activities: Patient centered care and streamlining delivery of mental health services in integrated patient care settings; pain management; cognitive behavioral therapy; dialectal behavioral therapy; Compensation and Pension exams.

Research interests: Deepening the understanding of how culture influences mental health and treatment practices.

Joanna S. Dognin, Psy.D., Chicago School of Professional Psychology – Chicago
Clinical Psychologist/Health Behavior Coordinator – Health Promotion Disease Prevention Program
Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry
Clinical activities: group and individual psychoeducational interventions to foster treatment adherence and health behaviors; Motivational Interviewing; chronic disease self-management; shared medical appointments; team consultation and training; psychodynamic psychotherapy.
Research interests: mental health disparities; integration of mental health in Primary Care; patient centered medical home; trauma disorders in HIV population; women's health; interprofessional training

Eriko N. Dunn, Psy.D., Yeshiva University (Adult Clinical Psychology)
Clinical Psychologist, Emergency Department
Clinical Activities: psychiatric emergency room assessment and triage; consultation for medical ER patients (e.g., risk/capacity evaluations); crisis intervention; short and long-term psychotherapy for Veterans establishing care; gero- and health psychology
Research Interests: assessment and treatment of older adults; caregiver interventions; psychotherapy efficacy

Lisa A. Gettings, Psy.D., Long Island University - Post
Clinical Psychologist, PTSD Clinical Team
Clinical Interests: assessment of and evidence-based treatment for PTSD; childhood and military sexual trauma; CBT; Dialectical Behavior Therapy (DBT); Cognitive Processing Therapy (CPT); Prolonged Exposure Therapy (PE), Skills Training in Affective Regulation (STAIR)
Research interests: treatment fidelity in the dissemination and implementation of evidence-based treatments; integration of PTSD treatment into existing EBTs (e.g., DBT-PE); qualitative methodology

Mia Ihm, Ph.D., Teachers College, Columbia University
Clinical Psychologist, Acute Inpatient Psychiatry Unit; Suicide Prevention Coordinator
Clinical Activities: Suicide risk assessment and coordination of treatment for high-risk patients; acute inpatient psychiatry and short-term crisis management-focused individual and group psychotherapy; psychodynamic psychotherapy; DBT consultation team
Research interests: Insight in psychotic-spectrum disorders; evidence-based treatment for psychosis

Christine Ingenito, Ph.D., Teachers College, Columbia University
Counseling Psychologist, Primary Care Mental Health/Women's Clinic; Director of Training, Psychology Internship Program
Clinical activities: LGBTQ+ Veteran Care Coordinator for Manhattan Campus of NY Harbor; DBT consultation team; same-day access, evaluations and short-term therapy for women veterans in Primary Care Women's Clinic, triage and evaluation in the Psychiatric Emergency Room
Research interests: Multicultural counseling competency; the impact of implicit bias on clinical judgment; LGBTQ+ health disparities

Wendy Katz, Ph.D., Teachers College, Columbia University
Counseling Psychologist; OEF/OIF/OND Mental Health/Readjustment Services
Clinical activities: Assessment and treatment of combat veterans returning from Iraq and Afghanistan;

preventative health interventions; outreach services.

Research interests: Resilience; PTSD; Alzheimer's' Disease; pain management.

Michelle Kehn, Ph.D., Long Island University, Brooklyn

Clinical Psychologist, Home Based Primary Care and Palliative Care

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical Activities: Individual, couples, and family psychotherapy for home-bound, medically-ill veterans; interventions for family caregivers of home-bound veterans; bereavement counseling; capacity and cognitive assessment for home-bound veterans; individual psychotherapy for geriatric and palliative care patients; psychodynamic psychotherapy.

Research interests: Psychological interventions and measurement for older adults.

Michael Kramer, Ph.D., Long Island University, Brooklyn

Clinical Psychologist, PTSD Clinic

Clinical activities: Cognitive behavioral, Virtual Reality, and exposure therapy for PTSD; CBT for anxiety-spectrum disorders; psychodiagnostic assessment.

Research interests: Resiliency to trauma in combat veterans and disaster relief workers; heat exposure in the treatment of PTSD and hyperarousal symptoms; the effectiveness of peer mentorship in the treatment of chronic substance abuse.

Michael Levy, Ph.D., New York University

Clinical Psychologist

Suicide Prevention 2.0 Telehealth Provider- Telemental Health Hub

Director of the Diversity, Activism, and Inclusion Track/Elective for Externship Program

Clinical Activities: Individual and group psychotherapy (suicide prevention, PTSD, sexual health and recovery from MST), Cognitive Processing Therapy, Cognitive Behavioral Therapy for Suicide Prevention, Psychodynamic Therapy

Research Interests: Identity and psychotherapy dynamics, impact of medication use on sense of self, ADHD, PTSD

Abigail S. Miller, Psy.D., Yeshiva University

Clinical Psychologist; Geropsychologist

Clinical activities: Geropsychological and psychodiagnostic assessments; psychodynamic individual and group therapy for patients and caregivers; DBT consultation team

Research interests: Narcissism, envy, & self-esteem; Alzheimer's disease; vascular dementia.

Kristina Murani, Ph.D., American University

Clinical Psychologist, PTSD Clinic

Clinical activities: Assessment of and evidence-based treatments for PTSD (PE, CPT); treatments for OCD-related disorders, substance abuse, eating disorders, suicidal and self-injurious behaviors; traditional CBT and third-wave CBT treatments (DBT, ACT); group psychotherapy; high risk and female-identifying Veterans

Research interests: Predictors of recovery from PTSD; psychotherapy outcome and process research; development of substance dependence and tolerance

Amy Parter, Ph.D., Fairleigh Dickinson University

Clinical Psychologist; Telemental Health Hub

Clinical Activities: Individual and group therapy via telemental health; cognitive behavioral therapy; CPT & PE for PTSD; couples therapy.

Research Interests: Effectiveness of individual and group psychotherapy via telehealth; program development

Nishant Patel, Psy.D., Widener University

Clinical Psychologist; Director, PTSD Clinical Team

Clinical Activities: Evidence-Based treatments for PTSD and other trauma related concerns (e.g., PE, CPT, & CBT-I)

Research Interests: Cultural Psychology and its role in treatment conceptualization, assessment and intervention; Narrative Exposure Therapy

Christie Pfaff, Ph.D., New York University

Clinical Psychologist, Outpatient Mental Health Clinic; Director of Training; Section Chief, Psychology

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Psychodynamic psychotherapy; interpersonal group psychotherapy; DBT consultation team; psychodiagnostic testing; treatment of schizophrenia and severe mental illness.

Research interests: Insight in schizophrenia; education and training in psychology; brief psychodynamic psychotherapy

Jennifer A. Schneider, Ph.D., Fairleigh Dickinson University

Clinical Psychologist, Telemental Health Hub

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical Activities: Evidence-based treatment of PTSD (e.g., CPT, PE); individual and group psychotherapy; psychodiagnostic assessment; relational psychodynamic psychotherapy; integrative treatment

Research Interests: Telemental health and psychotherapy outcome and process research; increasing access to care for rural veterans; program development; novel interventions for PTSD ; psychodynamic psychotherapy

Erica Shreck, Ph.D., Yeshiva University

Clinical Psychologist, Telemental Health Hub

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: CBT individual and group psychotherapy via telemental health; cognitive-behavioral therapy; dialectical behavior therapy; neuropsychological and psychodiagnostic testing

Research interests: Psychological factors in chronic disease management; effectiveness of individual and group psychotherapy via telemental health

Elizabeth M. Shumaker, Ph.D., Washington University in St. Louis

ABPP, Board Certified in Geropsychology

Suicide Prevention Telehealth Program, VISN2/NYH Clinical Resource Hub (CRH)

Clinical activities: Provision of evidence-based interventions for suicide via telehealth including Cognitive Behavioral Therapy, Problem Solving Therapy, and Advanced Safety Planning; also VA certified in CBT for Insomnia (CBT-I) and Cognitive Processing Therapy (CPT) and some specialization in interventions focused on adjustment to medical issues and life transitions, bereavement and caregiver support as well as cognitive and capacity assessment.

Research interests: bereavement, late-life family relationships, cancer survivorship, and trauma recovery among older adults.

Neal Spivack, Ph.D., CGP, Adelphi University

Clinical Psychologist, Primary Care Mental Health

Clinical Activities: Assessment & treatment of substance use disorders in Primary Care.

Research interests: Group therapy; organizational dynamics; substance use treatment.

Ranjana Srinivasan, Ph.D., Teachers College, Columbia University

Clinical Psychologist- Telemental Health Hub

Diversity, Inclusion, and Activism Externship Rotation Supervisor

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Psychodynamic therapy from a multicultural lens, co-morbid health diagnoses, eating disorder treatment, emotion focused couples therapy, interpersonal therapy, trauma focused psychodynamic therapy, cognitive processing therapy, and prolonged exposure therapy.

Research interests: Microaggressive experiences within minority populations, race based trauma, eating disorders within the veteran population.

Danny Tam, Ph.D., ABPP-CN, Graduate Center at the City University of New York (CUNY)

Clinical Neuropsychologist

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Neuropsychological assessment; psychodiagnostic testing.

Research interests: Characterizing cognitive and clinical changes with aging; epilepsy

Gladys Todd, Ph.D., University of California, Santa Barbara

Clinical Psychologist, Substance Abuse Recovery Program (SARP)

Clinical Assistant Professor, NYU School of Medicine, Department of Psychiatry

Clinical Activities: Assessment and treatment of substance abuse and co-occurring disorders; individual and group psychotherapy; psychological evaluations of police personnel.

Research Interests: Psychotherapy with ethnic minorities; cultural values; counselor self-disclosure.

Eric Utecht, Ph.D., Long Island University-Brooklyn

Clinical Psychologist

Suicide Prevention 2.0 Telehealth Provider—Telemental Health Hub

Coordinator of Psychodynamic Training, Psychology Externship Training Program

Clinical Activities: Psychodynamic Psychotherapy, CBT for suicide prevention, PST for suicide prevention, Advanced Safety Planning, CPT for PTSD

Research Interests: Psychotherapy process and outcome research, resilience and trauma, psychedelic-assisted psychotherapy

Melissa Yanovitch, Psy.D., PGSP-Stanford Psy.D. Consortium

Clinical Psychologist

Clinical Instructor, NYU School of Medicine, Department of Psychiatry

Clinical activities: Individual and group psychotherapy, compensation and pension evaluations, Same Day Access to Mental Health Care under the SOP33 mandate. Integrative theoretical approach grounded in evidence-based practice, including ACT, CBT, and DBT. Acting LGBTQ+ VCC.

Research interests: Clinician burnout, dissemination of evidence-based practice

Ariel Zeigler, Ph.D., Ferkauf Graduate School of Psychology, Yeshiva University

Clinical Psychologist

Track Coordinator: Post-doctoral Fellowship in Clinical Health Psychology and Interprofessional Training in Primary Care

Clinical activities: Primary Care Mental Health Integration (PCMHI), Women's Health, Health-behavior focused interventions (problem-solving therapy, motivational interviewing), Individual and group psychotherapy,

Research interests: Clinical Health Psychology, health-behavior focused intervention research, management of chronic illness in diverse/multicultural populations

PSYCHOLOGY INTERNSHIP PROGRAM CONSULTANTS

Consultants to our program provide consultation and supervision in their areas of expertise.

Alan Geller, MD,

VA Site Liaison, NYU School of Medicine

Attending Psychiatrist

VA New York Harbor Healthcare System

Assistant Professor of Psychiatry, New York University School of Medicine

Liliya Gershengoren, MD, MPH, SUNY Downstate Medical Center

VA Site Director, NYU Psychiatry

Attending Psychiatrist

VA New York Harbor Healthcare System

Assistant Professor of Psychiatry, New York University School of Medicine

Psychosomatic medicine, interdisciplinary education

Ira Jasser, M.D., SUNY Downstate Medical Center College of Medicine

Attending Psychiatrist, Mental Health Clinic

VA New York Harbor Healthcare System

Clinical Instructor of Psychiatry, New York University School of Medicine

Psychopharmacology, Organic brain syndrome

Justin Piershalski, M.D., State University of New York at Buffalo

Attending Psychiatrist, 17N inpatient unit

VA New York Harbor Healthcare System

Clinical Instructor of Psychiatry, New York University School of Medicine

General psychiatry, psychopharmacology, electroconvulsive therapy

APPENDIX B

SAMPLE EVALUATION FORMS

INTERN EVALUATION FORM

Intern:

Supervisor(s):

Period Covered:

Supervisors should meet individually with the intern to discuss all ratings. When giving feedback, please provide examples of both strengths and areas for improvement, including discussion of how the intern might address any areas of concern in future training. The following guidelines should be used in making ratings:

- 1 – Directive supervision (mid practicum level). The intern requires direct observation/supervision during the application of the task, a high level of structure, and basic instruction before applying the task to patients; focus on learning basic skills.
 - 2 – Close supervision (intern entry level). The intern requires some instruction and close monitoring of the competency with which tasks are performed and documented.
 - 3 – Moderate supervision (mid intern level). The intern has mastered most basic skills. Moderate supervision is required to help the intern implement his/her skills effectively.
 - 4 – Some supervision needed (intern rotation exit level or equivalent). The intern's skills are more developed and the focus is on integration and greater autonomy. Less supervision is required and it is more collaborative in nature.
 - 5 – Minimal supervision (postdoc level or equivalent). The intern possesses advanced level skills. Supervision is mostly consultative and the supervisor can rely primarily on summary reports by the intern.
 - 6 – No supervision needed (postdoc exit level or equivalent). The intern can work autonomously and has well-developed, flexible skills.
 - 7 – Advanced practice. The intern has superior skills and is able to work as a fully independent practitioner.
- N/A – Insufficient basis for making a rating. The intern has not engaged in the target activities or skills or the supervisor has not had the opportunity to observe or evaluate the intern in this area.

The expected level of competence for all profession-wide competencies is as follows: 1st rotation: 2; Mid-year (for year-long activities): 3, 2nd rotation: 3; 3rd rotation: 4, End of year (for year-long activities): 4

This evaluation is based on the following methods of supervision:

- ☐ Discussion in supervision
- ☐ Direct observation (including co-facilitation)
- ☐ Review of audio recordings
- ☐ Review of video recording

Comments:

PROFESSION-WIDE COMPETENCIES

Ethical and Legal Standards:

- Is knowledgeable of and acts in accordance with each of the following: the current version of the APA Ethical Principles of Psychologists & Code of Conduct; relevant laws, regulations, rules, & policies governing health service psychology at the organizational, local, state, regional, & federal levels; and relevant professional standards & guidelines.
- Recognizes ethical dilemmas as they arise, & applies ethical decision-making processes in order to resolve the dilemmas.
- Conducts self in an ethical manner in all professional activities.

Individual and Cultural Diversity

- Understands how personal/cultural history, attitudes, and biases may affect personal understanding and interaction with people different from oneself.
- Demonstrates knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
- Demonstrates the ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities).

Professional Values, Attitudes, and Behaviors

- Behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.
- Engages in self-reflection regarding one's personal and professional functioning
- Engages in activities to maintain and improve performance, well-being, and professional effectiveness.
- Actively seeks and demonstrates openness and responsiveness to feedback and supervision.

- Responds professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

Communication and Interpersonal Skills

- Develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- Produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated
- Demonstrates a thorough grasp of professional language and concepts.
- Demonstrates effective interpersonal skills and the ability to manage difficult communication well.

Assessment

- Demonstrates current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology
- Demonstrates understanding of human behavior within its context (e.g., family, social, societal and cultural).
- Demonstrates the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.
- Selects and applies assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics.
- Collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
- Interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
- Communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

Intervention

- Establishes and maintains effective relationships with the recipients of psychological services.
- Develops evidence-based intervention plans specific to the service delivery goals.
- Implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
- Demonstrates the ability to apply the relevant research literature to clinical decision making.
- Modifies and adapts evidence-based approaches effectively when a clear evidence-base is lacking.
- Evaluates intervention effectiveness, and adapt intervention goals and methods consistent with ongoing evaluation.

Supervision

- Applies the knowledge of supervision models and practices in direct or simulated practice with psychology trainees, or other health professionals.

Consultation and Interprofessional/Interdisciplinary Skill

- Demonstrates knowledge and respect for the roles and perspectives of other professions.
- Applies the knowledge of consultation models and practices in direct or simulated consultation with individuals and their families, other health care professionals, interprofessional groups, or systems related to health and behavior.

Research & Scholarly Activity

- Demonstrates the substantially independent ability to critically evaluate and disseminate research or other scholarly activities (e.g., case conference, presentation, publications).

The intern has met the minimum expected level of competence for all relevant competencies.

☐ Yes

☐ No

If no, please indicate the next step needed to help further develop specific competencies to support the intern's movement towards successfully completing internship and/or being at a minimum level of achievement (as discussed with Training Director & Training Committee):

☐ No further action is necessary at this time. Feedback has been provided and it is expected that with more training, the intern will continue to improve in the areas identified above.

☐ Acknowledgement Notice

☐ Remediation Notice

☐ Probation Notice

Comments:

Areas of Strength:

Areas for Improvement:

☐ I met with the intern to provide feedback for the rotation based on the collective input of all supervisors.

Supervisor Signature & Date:

Intern Signature & Date:

INTERN EVALUATION OF SUPERVISION

Intern:
Supervisor:

Rotation:
Period Covered:

Please fill out this form as honestly as possible. Your feedback will be used to improve the quality of interns' future experiences with this supervisor. Supervisors will be provided with overall feedback based on comments from you and your fellow interns; you will not be identified in any comments/ratings shared with supervisors. Your confidentiality will be completely respected. Please rate each item on a scale from 1 to 7, and be sure to include written comments as well.

How available was this supervisor to you for supervision? =

1= always available, 7=never available

How knowledgeable was this supervisor about the area being supervised (psychotherapy, assessment, etc.)? =

1= very knowledgeable, 7=not at all knowledgeable

Did the supervisor provide useful information on and conceptualization of clinical/treatment issues? =

1=very frequently, 7=never

Did the supervisor provide useful information on and conceptualization of diagnostic/assessment issues? =

1=very frequently, 7=never

Did the supervisor provide references from the literature relevant to clinical issues? =

1=very frequently, 7=never

How often was the supervisor willing to understand and incorporate your views of the patient? =

1=very frequently, 7=never

How flexible was this supervisor in terms of his/her theoretical approach? =

1= very flexible, 7=not at all flexible

Please rate this supervisor's teaching and didactic skills =

How responsive was this supervisor to your particular interests and needs when providing training? =

1=very responsive, 7=very unresponsive

Did this supervisor provide you with effective feedback? =

1=very frequently, 7=never

How often did this supervisor incorporate cultural and diversity factors into case conceptualization? =

1=very frequently, 7=never

How open was this supervisor to discussions about how cultural and diversity factors might be impacting your work with a patient? =

1=very frequently, 7=never

Overall rating of quality of supervision =

1=excellent, 7=poor

Comments:

Intern Signature & Date:

Director of Training Signature & Date:

INTERN EVALUATION OF INTERNSHIP PROGRAM

Intern:

Year:

We would greatly appreciate your honest evaluation and comments about your training experience at the Manhattan VA. Your feedback will directly impact future program changes and improvements. The information you provide is confidential. We encourage as many written comments as possible, especially in areas where room for improvement is noted. Many thanks for your help in our on-going efforts to improve our internship program.

All items are rated on scale from 1 to 4, with 1 indicating "excellent" and 4 indicating "poor."

OVERALL EVALUATION

How would you rate the internship as a whole?

Would you recommend this internship to your peers?

Did the internship provide what you expected, based on the brochure, application process, and interviews?

Comments:

PSYCHOTHERAPY TRAINING CASES

Number of cases

Variety of cases

Suitability of cases to training needs

Comments:

NEUROPSYCHOLOGICAL TESTING CASES

Number of cases

Variety of cases

Suitability of cases to training needs

Comments:

OVERALL QUALITY OF INTERNSHIP CLINICAL TRAINING OPPORTUNITIES

Inpatient Psychiatry Rotation

PTSD Clinic Rotation

Health Psychology/PC Rotation

Neuropsychology/psychodiagnostic testing

Cognitive-Behavioral Therapy

PTSD Evidence-Based Therapy
Psychodynamic Psychotherapy
Group Psychotherapy
Emotion Focused Therapy for Couples
Other:
Variety of clinical assignments available to trainees

Comments:

SUPERVISION

Inpatient Psychiatry Rotation
PTSD Clinic Rotation
Health Psychology/PC Rotation
Neuropsychology/psychodiagnostic testing
Cognitive-Behavioral Therapy
PTSD Evidence-Based Therapy
Psychodynamic Psychotherapy
Group Psychotherapy
Emotion Focused Therapy for Couples

Comments:

TRAINING IN CULTURE & DIVERSITY

Didactic Training related to Cultural & Diversity Factors
Clinical Supervision related to Cultural & Diversity Factors

Comments:

Did you experience any microaggressions or other behavior that you felt to be derogatory or discriminatory with staff, other trainees, or patients during your training year?

Yes/No/Not Sure

If so, were you able to discuss these experiences in a way that felt helpful and/or safe?

Comments:

EVALUATION PROCESS:

Informativeness of supervisors' formal written evaluations
Amount & informativeness of supervisors' informal feedback
Fairness of evaluation process
Opportunity to give feedback to supervisors

Comments:

COMMUNICATIONS WITH PSYCHOLOGY STAFF:

Info about policies, procedures, and reports affecting interns
Amount and frequency of communication between staff and interns
Level of supportiveness and respect shown by staff toward interns
Relations between staff and interns
Consideration given to interns' needs

Comments:

PROFESSIONAL ATMOSPHERE & ROLE-MODELING

Competence of Psychology staff
Quality of psychology programs involved in patient care
Facilitation of understanding and appreciation of the psychologist's professional role
Relations between Psychology and other services such as Psychiatry, Neurology, SW, Medicine, Primary Care, etc.

Comments:

SEMINARS

Overall variety of topics
Overall quality of seminars
Responsiveness to training needs

Comments:

Additional topics you would recommend:

Topics or presenters you would recommend deleting:

SUPPORT FACILITIES

Computer system
Availability of offices
Medical library / Online journal access
Physical environment

Comments:

WHAT HAVE BEEN THE HIGHLIGHTS OF YOUR TRAINING EXPERIENCE & WHY?

- 1.
- 2.
- 3.
- 4.

WHAT WERE THE LESS DESIRABLE ASPECTS TO YOUR TRAINING EXPERIENCE AND WHY?

- 1.

- 2.
- 3.
- 4.

Did your VA internship help further your professional goals and development?

1=definitely yes, 2=yes, 3=not sure, 4=definitely not

Please specify the ways in which it did and did not:

In retrospect, would you choose this internship again?

1=definitely yes, 2=yes, 3=not sure, 4=definitely not

Why or why not?

Any additional comments?

APPENDIX C

INTERN GRIEVANCE PROCEDURE, DUE PROCESS, & IMPAIRED INTERN PERFORMANCE POLICY

DUE PROCESS, REMEDIATION OF PROBLEMATIC INTERN PERFORMANCE, AND GRIEVANCE PROCEDURES

PSYCHOLOGY INTERNSHIP PROGRAM VA NEW YORK HARBOR HEALTHCARE SYSTEM – Margaret Cochran Corbin campus (Manhattan)

This policy provides an accounting of trainee and supervisor responsibilities, a definition of problematic trainee performance and how these situations are handled by the program, as well as a discussion of due process and grievance procedures. The procedures outlined in this policy are intended to assure that adequate measures are in place to address problems and concerns and to protect due process for everyone involved in Psychology training.

All of our Psychology training programs follow due process guidelines to assure that decisions are fair and nondiscriminatory. During the orientation process (first week of employment), trainees are given the program's Policy and Procedure Manual and this material is reviewed with the Director of Training. The handbook contains written information regarding:

- Expected performance and conduct
- Supervisor and trainee rights and responsibilities
- The evaluation process, including the format and schedule of evaluations
- Procedures for reporting problematic behavior on the part of supervisors or trainees
- Procedures for making decisions about problematic performance and/or conduct
- Remediation plans for identified problems, including time frames and consequences for failure to rectify problems
- Procedures for appealing the program's decisions or actions

At the end of orientation, trainees sign a form indicating that they have read and understood these policies. Supervisors also sign a Training Agreement form indicating their agreement with the supervisor responsibilities outlined below.

I. RIGHTS & RESPONSIBILITIES

Our Psychology training programs are committed to providing trainees with opportunities that foster clinical and professional growth. At the same time, our programs are responsible for informing trainees as soon as possible if there is a concern about their performance. The program has the responsibility to monitor trainees' progress in order to benefit and protect the public and the profession, as well as to facilitate trainees' professional growth. The program also has the responsibility to inform trainees of program requirements and expectations for successful completion of the program. The program assumes responsibility for continual assessment of and feedback to trainees in order to help them improve their skills, remediate problematic behaviors, and/or to prevent individuals who may be unsuited in skills or who have interpersonal limitations from entering into the professional practice of psychology. While our training programs provide opportunities for professional growth and learning, these experiences may also increase trainees' stress and uncertainty. It is the responsibility of the program to provide structure, procedures, and opportunities that allow for growth and minimize stress. Examples of such measures include (but are not limited to) providing orientation meetings and trainings, providing quality clinical supervision and guidance from licensed psychologists, setting clear and realistic expectations and goals for the training year, providing ongoing supervisory support and feedback from supervisors and the Director of Training, giving clear and timely evaluations of trainees' performance, providing a process group with an outside facilitator not involved in the evaluation process, providing mentorship opportunities, and offering didactic instruction (including specific didactics related to

professional development). The program is dedicated to responding sensitively to trainees' needs and to protecting their rights.

1. Trainees' responsibilities include the following:

- Functioning within the bounds of the American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct and in a manner consistent with the program's Policy and Procedure Manual and with the laws, regulations, and policies governing the Department of Veterans Affairs (VA), Veterans Health Administration (VHA), and the VA NY Harbor Healthcare System Bylaws and Rules and Regulations of the Medical Staff.
- Demonstrating the required competencies outlined by the program and evaluated on each clinical rotation and assignment.
- Demonstrating active participation in all training, didactic, and service activities.
- Demonstrating an openness and receptivity to professionally appropriate input and feedback from supervisors.
- Behaving in a manner that promotes professionalism and is in accordance with VA NYHHS and the profession of health service psychology.

2. Trainees have the right:

- To be trained by licensed supervisors who behave in accordance with APA ethical guidelines
- To receive clear communications of the competencies and standards expected by the program. These are reviewed during orientation and throughout the training year as part of the evaluation process. Trainees typically receive 3-6 hours of individual supervision per week (3 hours minimum), in order to support their clinical and professional growth and development.
- To evaluation of their performance that is specific, respectful, and personal; feedback is ongoing and formal evaluations occur at specific intervals, as outlined in the Policy and Procedure Manual.
- To be treated with professional respect and in a manner that recognizes the wealth of experience they bring with them.
- To initiate informal resolution of problems that may arise in the training experience directly with the individual(s) involved, through the Director of Training, or through APPIC's informal problem consultation process (detailed later in this policy).
- To due process should informal resolution of problems or grievances prove insufficient.
- To provide input to and suggestions for the program; these can be made during regularly scheduled supervision times or meetings with the Director of Training, or at any time a concern arises.

3. Supervisor Duties & Responsibilities:

Clinical supervision and teaching are considered auxiliary duties for licensed staff psychologists. Staff may volunteer to participate in one or more of our Psychology training programs. Staff meet with the Director(s) of Training to review expectations and responsibilities and sign the Training Agreement, with the understanding that their participation will be discussed and voted upon by the full Training Committee. The Training Committee minutes will reflect the discussion of the staff member's participation in training and any objections will be noted. The Director of Training will maintain the signed Training Agreement along with other program records. The Training Agreement is outlined below.

Supervisors will:

- Provide trainees with ongoing feedback related to competency-based goals, including the functional and foundational competencies of professional psychology (as enumerated in our Evaluation forms).
- Assist in the development of goals and tasks to be achieved in supervision specific to assessed competencies.

- Provide formal, summative evaluative feedback at the end of each rotation.
- Maintain patient information as confidential and treat supervisee disclosures with discretion. Sensitive information will be shared on a need-to-know basis only.
- Oversee and monitor all aspects of patient case conceptualization and treatment planning.
- Conduct direct observation and review video/audio recordings both during and/or outside of the supervision session as applicable.
- Identify delegated supervisors who will provide supervision/consultation when the supervisor is not available. This includes signing progress notes if the time of absence is greater than 24 hours.
- Adhere to APA Ethical Standards.
- Recognize the inherent role that cultural identity and intersectionality plays in clinical practice and supervision, as well as seek to understand how historical and contemporary experiences with power, privilege, and oppression affect both clinical and supervisory relationships. As part of demonstrating their ongoing commitment to developing their own cultural competence and providing culturally responsive supervision, supervisors will participate in one or more of the following activities: staff diversity trainings, small diversity consultation groups, the Psychology Diversity Committee, the Alliance for Healthcare Equity, Accountability and Diversity (AHEAD), Safe/Brave Spaces Groups (facilitated by AHEAD), and/or the medical center's Diversity, Inclusion and Advisory Council (DIAC).
- Maintain the responsibility to provide feedback to trainees in a timely and ongoing manner. If a supervisor believes that a trainee is not functioning at the minimum level of achievement, it is the supervisor's responsibility to make this observation known to the trainee as soon as possible and to notify the Director of Training. Trainees at risk of falling below the minimum level of achievement must be given a chance to address the deficiency prior to receiving that rating.
- Determine and discuss the graduated levels of responsibility for each trainee (room, area, available) at the beginning of supervision. Any changes in this level will be discussed in supervision and with the Director of Training, and documented on the Graduated Levels of Responsibility form.
- Regularly attend monthly Training Committee meetings.
- Discuss the trainee's development, strengths, and growth areas with the Director of Training and the Training Committee. Feedback provided during supervision should be treated as being sensitive in nature.
- Be responsible for knowing the program's grievance, due process, and remediation plan policies.
- Maintain awareness of the trainee's workload and program expectation of a 40-hour work week.
- Achieve ratings indicating fully satisfactory performance on Evaluation of Supervisor forms (average rating of 3.0 or higher over a 2 year period). Ratings of 3.0 or higher are potentially problematic and may necessitate review for appropriateness of continued supervisor responsibilities.
- Understand that unprofessional behavior may necessitate an immediate review of supervision responsibilities, including: repeated complaints from trainees that are not addressed appropriately or remedied; discriminatory comments and/or behavior related to trainees' race, ethnicity, gender identity, sexual orientation, religion, etc., as well as any other ethical and/or professional violations.
- Follow the policies and recommendations set form by the NYH Medical Staff By-Laws, VA Handbook for Supervision of Associated Health Trainees (1400.04), the VA Handbook for Education of Associated Health Trainees (1400.08), and VHA Directive 1027 addressing Supervision of Psychologists and Social Workers Preparing for Licensure. These policies are available on the shared MH drive (J drive), in the NY-Psychology Clinical Supervision Resources folder.
- Not be disruptive to training leadership or the training program. Disruption to training leadership or the training program is problematic and will necessitate review for appropriateness of continued supervisory responsibilities. Disruptive behavior will be brought to the attention of the supervisor, who will be given an opportunity to respond and/or resolve the problem. If disruptive behavior cannot be resolved, or is sufficiently severe, the supervisor may be required to take a temporary or permanent leave of absence from involvement in training. If the Director of Training is the supervisor

in question, the aforementioned processes and decisions regarding appropriate actions will involve the Section Chief, Psychology, the ACOS for MH, and/or the ACOS for Education.

II. PROBLEMATIC TRAINEE PERFORMANCE AND/OR CONDUCT

This section describes the program's procedures for identifying, assessing, and, if necessary, remediating problematic trainee performance.

Definition of Problematic Behaviors

Problematic behaviors are broadly defined as those behaviors that disrupt the trainee's professional role and ability to perform required job duties, including the quality of: the trainee's clinical services; their relationships with peers, supervisors, or other staff; and their ability to comply with appropriate standards of professional and/or ethical behavior. Problematic behaviors may be the result of the trainee's inability or unwillingness to a) acquire professional standards and skills that reach an acceptable level of competency, or b) to control personal issues or stress.

Behaviors reach a problematic level when they include one or more of the following characteristics:

- The trainee does not acknowledge, understand, or address the problem
- The problem is not merely a deficit in skills, which could be rectified by further instruction and training
- The trainee's behavior does not improve as a function of feedback, remediation, effort, and/or time
- The professional services provided by the trainee are negatively affected
- The problem affects more than one area of professional functioning
- The problem requires a disproportionate amount of attention from training supervisors

Some examples of problematic behaviors include:

- Engaging in dual role relationships
- Violating patient confidentiality
- Failure to respect appropriate boundaries
- Failure to identify and report patients' high risk behaviors
- Failure to complete written work in accordance with supervisor and/or program guidelines
- Treating patients, peers, and/or supervisors in a disrespectful or unprofessional manner
- Plagiarizing the work of others or giving one's work to others to complete
- Repeated tardiness
- Unauthorized absences

NOTE: this list is not exhaustive. Problematic behaviors also include behaviors discouraged or prohibited by APA's Ethical Guidelines and VA NYHHS policies and procedures, as outlined during new employee orientation.

III. REMEDIATION OF PROBLEMATIC TRAINEE PERFORMANCE AND/OR CONDUCT

It should be noted that every effort is made to create a climate of access and collegiality within the service. The Director of Training is actively involved in monitoring the training program and frequently checks informally with trainees and supervisors regarding trainees' progress and potential problems. In addition, trainees are encouraged to raise concerns with the Director of Training as they arise. It is our goal to help each trainee reach their full potential as a developing professional. Supervisory feedback that facilitates such professional growth is essential to achieving this goal.

The Training Committee consists of all psychology supervisors and staff involved in planning for the program. The Committee meets once per month to discuss training issues and trainee performance. Supervisors discuss skills and areas of strength, as well as areas for growth and concerns regarding clinical or professional performance and conduct. Trainees also receive direct feedback from their clinical supervisors in the form of both formal and informal evaluations that occur at regularly scheduled intervals throughout the year (see previous section on the Evaluation Process for details).

Trainees are continuously evaluated and informed about their performance with regard to the aims and competencies of the program. It is hoped that trainees and supervisors establish a working professional relationship in which constructive feedback can be given and received. During the evaluation process, the trainee and supervisor discuss such feedback and, in most cases, reach a resolution about how to address any difficulties. Although trainees are formally evaluated at regular intervals (see previous section on the Evaluation Process), problematic behaviors may arise and need to be addressed at any given time. All written evaluations become a part of the trainee's permanent file with the Psychology Section. These records are maintained by the Director of Training Director and kept in secure, locked cabinets in their office.

The expected level of competence as indicated in trainees' written evaluations are as follows:

Expected levels of Competence:

- 1st rotation: minimum score of 2 on all competencies
- Evaluations completed at mid-year (CBT, Evidenced-based PTSD Treatment, Psychodynamic Psychotherapy, Year-long Group): minimum score of 3 on all competencies
- 6 month rotations (EFT, Neuropsychological Assessment): minimum score of 3 on all competencies at the end of the rotation
- 2nd rotation: minimum score of 3 on all competencies
- Evaluations completed at end of year (3rd rotation, final evaluations for CBT, Evidenced-based PTSD Treatment, Psychodynamic Psychotherapy, Year-long Group): minimum score of 4 on all competencies

A. Responding to Problematic Trainee Performance:

At any time, a trainee may be given verbal feedback—considered verbal warning—that they are not performing up to expected standards. In particular, supervisors are expected to give a verbal warning if they believe the trainee is not performing up to expected standards, and if the trainee is likely to be rated below the expected level on any of the defined competencies. If the trainee addresses the feedback appropriately and brings their performance up to the expected standard, then no further action is necessary.

If the trainee fails to meet expectations at the time of a written evaluation, the following procedures to address problematic performance and/or conduct will be initiated:

1. Within 10 working days of receipt of the rating, the Training Director, rotation supervisor(s), and other relevant supervisors will meet as a Review Committee to discuss the ratings and determine what action needs to be taken to address the problem reflected by the ratings.
2. The trainee will be notified verbally and/or in writing, immediately upon receipt of the ratings, that such a review is occurring and the Review Committee will receive any information or statement from the trainee related to their response to the rating.

3. In discussing the ratings that fall below minimum expectations and the trainee's response, if available, the Review Committee may adopt any one or more of the following methods or may take any other appropriate action. The Committee may issue a(n):
- a) Written or verbal notice that no further action is necessary
 - b) "Acknowledgement Notice" which states in writing:
 - That the Committee is aware of and concerned with the rating.
 - That the Rating has been brought to the trainee's attention.
 - That the committee will work with the trainee to remediate the problem or skill deficit addressed by the rating.
 - That the behavior(s) associated with the rating are not severe enough to warrant more serious action
 - c) "Remediation Notice" which calls for the Review Committee, through supervisors and the Training Director, to actively and systemically monitor for a specific length of time the degree to which the trainee addresses, changes, and/or otherwise improves the problem performance or behaviors. The Remediation Notice is a written statement that includes the following:
 - The specific behaviors and competencies associated with the inadequate rating
 - The specific recommendations for rectifying the problem including what is expected of both the trainee and supervisors involved in the plan.
 - The time frame during which the problem is expected to be resolved.
 - The procedures designed to ascertain whether the problem has been appropriately rectified.

When the Review Committee deems that remedial action is required, the identified performance deficit and/or problematic behavior must be systematically addressed. Possible remedial steps include (but are not limited to) the following:

- Increased supervision, either with the same or other supervisors.
- Change in the format, emphasis, and/or focus of supervision.
- Change in the training plan and clinical foci.
- Additional reading and/or didactic instruction
- A recommendation that personal therapy be utilized to address identified behaviors. Trainees have a right to confidentiality should they elect to pursue personal therapy. Remediation plans will not reflect participation in therapy as a condition for successful remediation but will instead focus on monitoring behavioral performance and change. Trainees are eligible to use the Employee Assistance Program (EAP).

After the delivery of an Acknowledgement Notice or Remediation Notice, the Review Committee will meet with the trainee to review its recommended action. The trainee may choose to accept the conditions or may choose to challenge the action. The procedures for challenging the action are described in Trainee Grievance Procedures section of this document. Once the Review Committee has issued an Acknowledgement Notice, the trainee's status will be reviewed within 3 months' time. In the case of a Remediation Notice, the trainee's status will be reviewed within the time frame set by the notice.

B. Failure to Correct Problems:

When the intervention does not rectify the problematic performance within a reasonable period of time, or when the trainee seems unable or unwilling to alter their behavior, the Review Committee may need to take further formal action. If a trainee on Remediation has not improved sufficiently to rectify the problems under the conditions stipulated by the Remediation Plan, the Review Committee will conduct a formal review and then inform the trainee in writing that the conditions have not been met. The Review Committee may then elect to take any of the following steps or other appropriate action:

- Issue a “Probation Notice.” This step is implemented when problematic behavior(s) are deemed to be more serious by the Review Committee and/or when repeated efforts at remediation have not resolved the issue. Any ongoing remediation efforts will be reviewed monthly by the Review Committee. Any determination to issue a probation notice will be done within 5 business days following the specified end date of the Remediation Plan. The trainee will be given a written statement that includes the following documentation:
 - A description of any previous efforts to rectify the problem(s) and of any appeals by the trainee
 - Specific recommendations for resolving the problem(s)
 - A specified time frame (not to exceed 6 weeks) for the probation during which the problem is expected to be rectified and procedures for assessing this.

Again, as part of this process, the trainee is invited to provide a written statement regarding the identified problem(s) and/or to appeal to the ACOS for Mental Health (to be submitted no later than 5 business days following the receipt of the probation notice). As outlined in the probation notice, the supervisor(s), Training Director, and the trainee will meet to discuss the trainee’s progress at the end of the probationary period (not to exceed 6 weeks).

- Suspend the trainee for a limited time from engaging in certain professional activities until there is evidence that the problematic performance in question has been rectified. Suspensions beyond the time specified in the Probation Notice may result in termination or failure to graduate from the program.
- Depending on the gravity of the issue, inform the trainee that they will not successfully complete the training program if their problematic performance does not change. If by the end of the training year, the trainee has not successfully completed the training requirements, the Review Committee may recommend that the trainee not be graduated. The Review Committee may specify to the licensing board those settings in which the former trainee can and cannot function adequately.
- Inform the trainee that they are recommending they be immediately terminated from the training program.

C. Unethical or Illegal Behavior

Any illegal or unethical conduct by a trainee must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report the incident. The Director of Training will document the issue in writing, and consult with the appropriate parties, depending on the situation (see description below).

Infractions of a very minor nature may be resolved among the Director of Training, the supervisor, and the trainee, as described above.

Examples of significant infractions include but are not limited to:

1. Violation of ethical standards for the discipline, for the training program, or for government employees.
2. Violation of VA regulations or applicable Federal, state, or local laws.
3. Disruptive, abusive, intimidating, or other behavior that disturbs the workplace environment or that interferes or might reasonably be expected to interfere with veteran care. Disruptive behaviors include profane or demeaning language, sexual comments or innuendo, outbursts of anger, throwing objects, serious boundary violations with staff or veterans, inappropriate health record entries, and unethical, illegal, or dishonest behavior.

Depending on the situation and the time sensitivity of the issues, the Director of Training may consult with the Training Committee to get further information and/or guidance. Following review of the issues, the Training Committee may recommend either formal probation or termination of the trainee from the program. Probationary status will be communicated to the trainee, VA OAA, APA, and/or APPIC in writing and will specify all requisite guidelines for successful completion of the program. Any violations of the conditions outlined in the Probation Notice will result in the immediate termination of the trainee from the program.

The Director of Training may also consult with the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC in situations where there may be an ethical or criminal violation. Such infractions may be grounds for immediate dismissal. In addition, the Director of Training may immediately put the trainee on administrative duties or on administrative leave while the situation is being investigated. Under certain circumstances, the program may be required to alert our accrediting body (APA) and/or other professional organizations (e.g., APPIC, state licensing boards) regarding unethical or illegal behavior on the part of a trainee.

As described in the previous section on remediation of problematic performance and/or conduct, at any stage of the process, the trainee may request assistance and/or consultation outside of the program and utilize the resources listed at the end of this document.

All documentation related to remediation, counseling, and/or serious infractions becomes part of the trainee's permanent file with the Psychology Section. These records are maintained by the Director of Training and kept in secure, locked cabinets in their office.

IV. TRAINEE GRIEVANCE PROCEDURE

This section outlines the policy regarding a trainee's right to respond to and/or appeal any notice of problematic behavior and/or conduct:

Trainees who receive an Acknowledgement Notice, Remediation Notice, Probation Notice, or who otherwise disagree with any Review Committee decision regarding their status in the program, are entitled to challenge the Committee's actions by initiating a grievance procedure. Within 10 working dates of receipt of the Review Committee's notice or other decision, the trainee must inform the Training Director in writing that they disagree with the Committee's action and provide the Training Director with information as to why they believe the Review Committee's action is unwarranted. Failure to provide such information will constitute an irrevocable withdrawal of the challenge. Following receipt of the trainee's grievance, the following actions will

be taken:

- Upon receipt of the written notice of grievance, the Training Director will convene a Grievance Committee consisting of the Training Director, two training committee members selected by the Training Director, and two training committee members selected by the trainee. The trainee retains their right to hear all allegations and the opportunity to dispute them or explain their behavior.
- Within 10 working days of receipt of the written notice of grievance by the trainee, a Grievance Hearing will be conducted, chaired by the Training Director, in which the grievance is heard and evidence is presented. Decisions made by the Grievance Committee must be made by majority vote. Within 5 working days of the hearing, the Grievance Committee will submit a written report to the ACOS for Mental Health.
- Within 5 working days of receipt of the Grievance Committee's report, the ACOS for Mental Health will accept the Grievance Committee's action, reject the Grievance Committee's action and provide an alternative, or refer the matter back to the Grievance Committee for further deliberation. In the latter case, the Grievance Committee then reports back to the ACOS for Mental Health within 10 working dates of the receipt of request for further deliberation. The ACOS for Mental Health then makes a final decision regarding what action is to be taken.
- Within 10 working days the final decision, recommendations will be communicated to the trainee and any other appropriate individuals, in writing.

All documentation related to the grievance process becomes part of the trainee's permanent file with the Psychology Section. These records are maintained by the Director of Training and kept in secure, locked cabinets in their office.

V. PROBLEMATIC SUPERVISOR PERFORMANCE AND/OR CONDUCT

This section details the program's procedures for handling any complaints or concerns about a supervisor's performance. Complaints/concerns may be brought by trainees, Training Committee members, or any VA staff.

Any professional misconduct or problematic behavior by a supervisor must be brought to the attention of the Director of Training as soon as possible. Any person who observes or suspects such behavior has the responsibility to report it. The Director of Training will document the issue in writing, and consult with the appropriate parties to determine the best course of action for addressing the behavior. Resources for consultation may include the Section Chief of Psychology, the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., ACOS/Education, Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC, depending on the situation.

A. For complaints/concerns brought by trainees:

1. If a trainee has a grievance of any kind, including a conflict with a supervisor (but also with a peer or other hospital staff), or with a particular training assignment, the trainee is first encouraged to attempt to work it out this issue informally and directly.** In some circumstances, if the trainee

feels uncomfortable or unsafe doing so, they may choose to bring the issue directly to the Director of Training.

2. If unable to resolve the issue, the trainee would then discuss the grievance with the Director of Training, who would meet with the parties as appropriate. **In the event of a sexual or professional misconduct or other serious, safety-related allegation by a trainee, the Director of Training may seek consultation to determine the best course of action, as described at the beginning of this section, above.** Serious allegations may then follow the procedures outlined below in the section on complaints/concerns brought by Psychology or other VA staff.
3. If still unable to resolve the problem, the trainee, supervisor, and Director of Training would then meet with the Associate Chief of Staff (ACOS) for Mental Health.
4. A meeting with all the involved parties would be arranged within two weeks of notification of the ACOS for MH. The ACOS for MH serves as a moderator and has the ultimate responsibility of making a decision regarding the reasonableness of the complaint.
5. The ACOS for MH would make a recommendation of how to best resolve the grievance. Within one week of the meeting, a written notification of this recommendation will be forwarded to all parties by the ACOS for MH.
6. If a mutually satisfying resolution cannot be achieved, any of the parties involved can move to enlist the services of two outside consultants, a graduate of the internship traineeship program and a psychologist unaffiliated with the program, but familiar with training issues. If a graduate of the traineeship program is unavailable, a second unaffiliated psychologist who is familiar with training issues may be requested.
7. The consultants would work with all involved individuals to mediate an acceptable solution. The ACOS for MH will implement this step in the grievance procedure as soon as a request is made in writing.
8. The consultants would meet with the involved parties within one month of the written request. The two consultants and the ACOS for MH would then make a final decision regard how to best resolve the grievance.
9. All parties would be notified of the decision in writing within one week. This decision would be considered binding and all parties involved would be expected to abide by it.

***Please note: if a trainee has an issue with the Director of Training that they are unable to work out directly, the trainee would discuss the grievance with the ACOS for MH or their designee, who would then meet with the trainee and Director of Training, as appropriate.*

B. For complaints/concerns brought by Psychology or other VA staff:

1. Any concerns about a supervisor's participation in clinical training should first be brought to the Director of Training.

2. The Director of Training will determine the appropriate course of action based on the severity of the issue; this can include consultation with the Section Chief of Psychology, the Associate Chief of Staff for Mental Health, Human Resources, regional counsel, other members of hospital leadership (e.g., ACOS/Education, Privacy Officer, Safety Officer, EEO Officer, Chief of Staff, Facility Director, etc.), VA OAA, APA, and/or APPIC.
3. Based on these consultations, the Director of Training may take any of the following actions:
 - Informal discussion with clinical supervisor
 - Require additional training in order to enhance supervisor competence in a particular area
 - Discussion with clinical supervisor, their immediate supervisor, and/or Section Chief
 - Report the issue to HR and/or Chief of Staff's office
4. Following discussion with the Training Director, the Section Chief, and the ACOS for Mental Health, issues of sufficient severity or repeated failure to correct problematic behavior may result in a period of probation, suspension, or removal from the Training Committee.
 - Any such issues would be put to the full Training Committee for a vote; if there are immediate concerns for trainees' safety or well-being, the Director of Training may temporarily suspend the clinical supervisor until a vote can be held.
 - The Training Committee will outline conditions, if any, for the issue to be reviewed.

VI. RESOURCES FOR TRAINEES:

At any stage of the remediation or grievance processes, the trainee may request assistance and/or consultation outside of the program. Resources for outside consultation include:

- **VA Office of Resolution Management (ORM) –**
 Department of Veterans Affairs
 Office of Resolution Management (08)
 810 Vermont Avenue, NW, Washington, DC 20420
 1-202-501-2800 or Toll Free 1-888- 737-3361
<http://www4.va.gov/orm/>

This department within the VA has responsibility for providing a variety of services and programs to prevent, resolve, and process workplace disputes in a timely and high quality manner. These services and programs include:

- **Prevention:** programs that insure that employees and managers understand the characteristics of a healthy work environment and have the tools to address workplace disputes.
- **Early Resolution:** ORM serves as a resource for the resolution of workplace disputes. ORM has been designated as the lead organization for workplace alternative dispute resolution (ADR) within VA. This form of mediation available to all VA employees. Mediation is a process in which an impartial person, the mediator, helps people having a dispute to talk with each other and resolve their differences. The mediator does not decide who is right or wrong but rather assists the persons involved create their own unique solution to their problem. VA mediators are trainee VA employees who have voluntarily agreed to mediate workplace disputes. They are specially trained and skilled in mediation techniques and conflict resolution. In electing to use mediation, an employee does not give up any other rights.
- **Equal Employment Opportunity (EEO) Complaint Processing**

- **Association of Psychology Postdoctoral and Internship Centers (APPIC)**
APPIC has established both an Informal Problem Consultation process and a Formal Complaint process in order to address issues and concerns that may arise during the internship training year.

<http://appic.org/Problem-Consultation>

Informal Problem Consultation (IPC)

Please complete the IPC form or contact the APPIC Match Coordinator through appic@appic.org.

To initiate the IPC process: Complete the online [IPC Request Form](#) and it will be sent to the APPIC Executive Director, [Dr. Jeff Baker](#) . You should receive a response within two business days. Those in the VA, federal prisons or hospitals with restricted access to OnLine Forms may have to complete this form at home or on their cell phone. The form does not require any identifying information of a trainee thus no PHI is transmitted with this form.

Formal Complaints

Questions about the formal complaint process may be directed to Dr. Ellen Teng, Chair of APPIC's Standards and Review Committee, eteng@bcm.edu.

If you have COMPLETED an Informal Problem Consultation (IPC) with APPIC and the issue was not resolved, the next step to consider is filing a FORMAL COMPLAINT. Complaints should be filed ONLINE:

[ASARC Complaint Form](#)

Submit any additional attachments as uploads in the form itself.

(Alternative to Online Submission)

Submit by email to APPIC:

Attention: Chair, APPIC Standards and Review Committee
APPIC
appic@appic.org

- **APA Office of Program Consultation and Accreditation:**

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5979
<http://www.apa.org/ed/accreditation>

- Independent legal counsel

Please note that union representation is not available to trainees as they are not union members under conditions of their VA term-appointment.